

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000013372

FILED  
Apr 10, 2009  
Secretary of State

**Entity Name:** PELICAN MEDICAL CENTER, L.L.C.

**Current Principal Place of Business:**

616 E. STREET  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

508 JEFFORDS ST  
STE D  
CLEARWATER, FL 33756

**New Mailing Address:**

**FEI Number:** 59-3679747

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FOX, GREGORY A  
28050 U.S. 19 NORTH, STE. 100  
STE 100  
CLEARWATER, FL US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: M D ( ) Delete  
Name: AMIN, DEVENDRA MD  
Address: 616 E STREET  
City-St-Zip: CLEARWATER, FL 33756

Title: D ( ) Delete  
Name: KLEIN, HOWARD D  
Address: 508 JEFFORDS ST., STE. D  
City-St-Zip: CLEARWATER, FL 33756

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DR. HOWARD D. KLEIN, MD, PA

DR

04/10/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date