

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000013695

FILED  
Apr 08, 2008  
Secretary of State

Entity Name: OCEAN MEDICAL CENTER, L.L.C.

**Current Principal Place of Business:**

4001 NORTH OCEAN DRIVE  
SUITE 105  
LAUDERDALE BY THE SEA, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

4001 NORTH OCEAN DRIVE  
SUITE 105  
LAUDERDALE BY THE SEA, FL 33308

**New Mailing Address:**

FEI Number: 54-2127865

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

REILLY, VINCE  
4001 NORTH OCEAN DRIVE  
SUITE 105  
LAUDERDALE BY THE SEA, FL 33308 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: MGR ( ) Delete  
Name: NEUBAUER, RICHARD A  
Address: 4001 OCEAN DRIVE SUITE 105  
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: NEUBAUER, WINNIE  
Address: 4001 OCEAN DRIVE SUITE 105  
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

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: VINCE REILLY

AGEN

04/08/2008

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