2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2012
Secretary of State

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Entity Name: LEMON BAY MEDICAL FACILITIES, L.L.C.

Current Principal Place of Business:

1885 ENGLEWOOD ROAD
ENGLEWOOD, FL 34223

New Principal Place of Business:

Current Mailing Address:

1885 ENGLEWOOD ROAD
ENGLEWOOD, FL 34223

New Mailing Address:

FEI Number: 64-1088088 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BASSETTI, KAREN
1885 ENGLEWOOD ROAD
ENGLEWOOD, FL 34223 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: D
Name: LOGAN, STEPHEN
Address: 8255 MANASOTA KEY RD.
City-St-Zip: ENGLEWOOD, FL 34223

Title: D
Name: BASSETTI, KAREN
Address: 2140 W. DOPHIN DR.
City-St-Zip: ENGLEWOOD, FL 34223

Title: D
Name: SHARMA, OM
Address: 144 BRANDYWINE CIR.
City-St-Zip: ENGLEWOOD, FL 34223

I hereby 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 Statues.

SIGNATURE: KAREN BASSETTI, DO DO 01/20/2012

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