

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000021980

FILED
Mar 02, 2009
Secretary of State

Entity Name: CAC-FLORIDA MEDICAL CENTERS, LLC

Current Principal Place of Business:

500 WEST MAIN STREET
LOUISVILLE, KY 40202

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 740026
LOUISVILLE, KY 40201

New Mailing Address:

FEI Number: 26-0010657

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MICHAEL, MCCALLISTER B
Address: 500 WEST MAIN STREET
City-St-Zip: LOUISVILLE, KY 40202

Title: MGR () Delete
Name: BLOEM, JAMES H
Address: 500 WEST MAIN STREET
City-St-Zip: LOUISVILLE, KY 40202

Title: MGR () Delete
Name: BAUERNFEIND, GEORGE
Address: 500 WEST MAIN STREET
City-St-Zip: LOUISVILLE, KY 40202

Title: MGR () Delete
Name: LENAHA, JOAN O
Address: 500 WEST MAIN STREET
City-St-Zip: LOUISVILLE, KY 40202

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

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

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

Title: MGR () Change (X) Addition
Name: JARBOE, DAVID K
Address: 8350 NW 52ND TERRACE, SUITE 301
City-St-Zip: MIAMI, FL 33166

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: GEORGE BAUERNFEIND

VP

03/02/2009

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