

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000006662

**FILED**  
**Mar 11, 2010**  
**Secretary of State**

**Entity Name:** EAGLE HOSPITAL PHYSICIANS OF FLORIDA, LLC

**Current Principal Place of Business:**

5901 C PEACHTREE DUNWOODY RD STE 350  
ATLANTA, GA 30328

**New Principal Place of Business:**

**Current Mailing Address:**

5901 C PEACHTREE DUNWOODY RD STE 350  
ATLANTA, GA 30328

**New Mailing Address:**

**FEI Number:** 81-0646245

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324 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: MGRM  
Name: YOUNG, ROBERT W MD  
Address: 5901 C PEACHTREE DUNWOODY RD  
City-St-Zip: ATLANTA, GA 30328 US

Title: MGRM  
Name: ABBOTT, BETTY  
Address: 5901 C PEACHTREE DUNWOODY RD  
City-St-Zip: ATLANTA, GA 30328

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 Statutes.

SIGNATURE: ROBIN NICHOLS

CFO

03/11/2010

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