

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022642

**FILED**  
**Jan 08, 2006**  
**Secretary of State**

**Entity Name:** ORLANDO MEDICAL CENTER, P.L.

**Current Principal Place of Business:**

7800 LAKE UNDERHILL ROAD  
ORLANDO, FL 32822

**New Principal Place of Business:**

**Current Mailing Address:**

7800 LAKE UNDERHILL ROAD  
ORLANDO, FL 32822

**New Mailing Address:**

P.O. BOX 2903  
WINDERMERE, FL 34786

**FEI Number:** 22-3875851

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOHNSON, SCOTT E ESQ  
111 N. ORANGE AVENUE, SUITE 1200  
ORLANDO, FL 32801 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:** COSKUN, NEIL MD  
**Address:** 7800 LAKE UNDERHILL ROAD  
**City-St-Zip:** ORLANDO, FL 32822

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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:** NEIL COSKUN

MGR

01/08/2006

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