


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90081 017 ****50.00

DOCUMENT # L02000025198

1. Entity Name
MEDICAL CENTER ON THE GULF, LLC



Principal Place of Business
**646 VIRGINIA ST
 4TH FLOOR
 DUNEDIN, FL 34698 US**

Mailing Address
**PO BOX 1921
 DUNEDIN, FL 34697 US**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

4262005 Chg-LLC CR2E083 (10/03)

4. FEI Number
32-0034881

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**



6. Name and Address of Current Registered Agent

**SOM, SUDIPA
 2052 JOEL COURT
 PALM HARBOR, FL 34683**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
915 CYPRESS COVE WAY

City **TARPON SPRINGS** FL Zip Code **34688**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *X Sudipa* DATE **X 04/27/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP SOM, ANANDA 646 VIRGINIA ST 4TH FLOOR DUNEDIN, FL 34698 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *X Sudipa (SUDIPA SOM)* DATE: **X 04/27/05** DAYTIME PHONE #: **727-738-0220**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #