

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025198

FILED  
May 01, 2006  
Secretary of State

**Entity Name:** MEDICAL CENTER ON THE GULF, LLC

**Current Principal Place of Business:**

646 VIRGINIA ST  
4TH FLOOR  
DUNEDIN, FL 34698 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1921  
DUNEDIN, FL 34697 US

**New Mailing Address:**

FEI Number: 32-0034881      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

SOM, SUDIPA  
915 CYPRESS COVE WAY  
TARPON SPRINGS, FL 34688 US

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: MGRP ( ) Delete  
Name: SOM, ANANDA  
Address: 646 VIRGINIA ST 4TH FLOOR  
City-St-Zip: DUNEDIN, FL 34698

**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: ANANDA SOM

MGR

05/01/2006

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