

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



04262007 No Chg-LLC

CR2E083 (11/05)

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
915 CYPRESS COVE WAY
TARPON SPRINGS, FL 34688

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRP
SOM, ANANDA
646 VIRGINIA ST 4TH FLOOR
DUNEDIN, FL 34698

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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05/15/07-00123-015 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Ananda Som*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

X 4/27/07 (727) 738-0220