

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025198

FILED
Apr 13, 2009
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 ()

Name and Address of Current Registered Agent:

SOM, SUDIPA
915 CYPRESS COVE WAY
TARPON SPRINGS, FL 34688 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: MGRP () Delete
Name: SOM, ANANDA
Address: 646 VIRGINIA ST 4TH FLOOR
City-St-Zip: DUNEDIN, FL 34698

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: ADMI () Change (X) Addition
Name: SOM, SUDIPA
Address: 646 VIRGINIA ST 4TH FLOOR
City-St-Zip: DUNEDIN, FL 34698

I hereby certify that the information supplied with this filing does not qualify 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: SUDIPA

ADMI

04/13/2009

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