2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# L03000008926

Entity Name: FLORIDA MEDICAL CENTER, PL

Current Principal Place of Business:

537 EAST CENTRAL AVE
A
WINTER HAVEN, FL 33880

New Principal Place of Business:

308 AVENUE C NE
WINTER HAVEN, FL 33881 US

Current Mailing Address:

2683 WYNDSOR OAKS WAY
WINTER HAVEN, FL 33884

New Mailing Address:

2683 WYNDSOR OAKS WAY
WINTER HAVEN, FL 33884 US

FEI Number: 65-1176926 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REDDY, ARUNA G
2683 WYNDSOR OAKS WAY
WINTER HAVEN, FL 33884 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: MGRM ( ) Delete
Name: REDDY, ASHOK G
Address: 2683 WYNDSOR OAKS WAY
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: REDDY, ASHOK G
Address: 2683 WYNDSOR OAKS WAY
City-St-Zip: WINTER HAVEN, FL 33884 US

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: ASHOK REDDY MGRM 01/07/2008

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