

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014706

FILED
Apr 20, 2009
Secretary of State

Entity Name: RINEHART/LAKE MARY SURGICAL CENTER, LLC

Current Principal Place of Business:

917 RINEHART ROAD
SUITE 1001
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

917 RINEHART ROAD
SUITE 1001
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 04-3754202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOONEY, STEPHEN
800 N MAGNOLIA
STE 1500
ORLANDO, FL 32803 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: M & G ISLAND ENTERPRISES, LLC
Address: PO BOX 2169
City-St-Zip: SANFORD, FL 32771

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

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

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: JALICHA ENTERPRISES, LLC
Address: 311 NORTH MANGOUSTINE AVE
City-St-Zip: SANFORD, FL 32771

Title: MGRM () Change (X) Addition
Name: NEESHA PROPERTIES, LLC
Address: 917 RINEHART ROAD #2051
City-St-Zip: LAKE MARY, FL 32746

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: FELIX A. NAVARRO JR., MD

MGRM

04/20/2009

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