

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000015028

FILED  
Apr 25, 2007  
Secretary of State

**Entity Name:** DEONARINE MEDICAL CENTER, L.L.C.

**Current Principal Place of Business:**

1285 36TH STREET, SUITE 200  
VERO BEACH, FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

1285 36TH STREET, SUITE 200  
VERO BEACH, FL 32960

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

DEONARINE, MARTINA  
1285 36TH STREET, SUITE 200  
VERO BEACH, FL 32960 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: DEONARINE, MARTINA  
Address: 1285 36TH STREET, SUITE 200  
City-St-Zip: VERO BEACH, FL 329604803

**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 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: TAMMY ISBELL

MGR

04/25/2007

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