

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000003520

**FILED**  
**Apr 10, 2008**  
**Secretary of State**

**Entity Name:** MAGNOLIA MEDICAL CENTER,LLC

**Current Principal Place of Business:**

1000 S. FORT HARRISON AVE.  
CLEARWATER, FL 33757 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2893  
CLEARWATER, FL 33757 US

**New Mailing Address:**

2320 SETON LN  
LARGO, FL 337741019 US

**FEI Number:** 20-0748258

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MICHAELS, THOMAS O  
1370 PINEHURST RD  
DUNEDIN, FL 34698 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: NICHOLS, DEAN  
Address: 119 POINCIANA LANE  
City-St-Zip: LARGO, FL 33770

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: NICHOLS, DEAN  
Address: 2320 SETON LN  
City-St-Zip: LARGO, FL 337741019

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:** DEAN E NICHOLS

MGRM

04/10/2008

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