

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000003520

FILED
Apr 14, 2009
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:

1000 S FORT HARRISON AVE
CLEARWATER, FL 33757 US

Current Mailing Address:

2320 SETON LN
LARGO, FL 337741019 US

New Mailing Address:

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:

NICHOLS, DEAN
2320 SETON LN
LARGO, FL 337741019 US

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: DEAN NICHOLS

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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: DEAN NICHOLS

MGRM

04/14/2009

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