

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000009502

FILED
Apr 13, 2011
Secretary of State

Entity Name: CHIEFLAND MEDICAL CENTER, LLC

Current Principal Place of Business:

1113 NW 23RD AVENUE
CHIEFLAND, FL 32626

New Principal Place of Business:

Current Mailing Address:

5843 COLFAX AVENUE
ALEXANDRIA, VA 22311

New Mailing Address:

FEI Number: 51-0497038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINTON, MARIE S MGRM
1113 NW 23RD AVENUE
C/O CHIEFLAND MEDICAL CENTER, LLC
CHIEFLAND, FL 32626 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
Name: MINTON, MARIE S
Address: 5843 COLFAX AVE
City-St-Zip: ALEX, VA 22311

Title: MGRM
Name: SCHAEFER, ELIZABETH A
Address: 1229 SPRUCE AVENUE
City-St-Zip: SHADY SIDE, MD 20764

Title: MGR
Name: MINTON, STEPHEN M
Address: 5843 COLFAX AVENUE
City-St-Zip: ALEXANDRIA, VA 22311

Title: MGR
Name: WASHBURN, GREGORY S
Address: 2909 N. 9TH STREET
City-St-Zip: ARLINGTON, VA 22201

Title: MGR
Name: CONNOLE, JOHN L
Address: 2904 CLEARHILL LANE
City-St-Zip: MOUNT AIRY, MD 21771

Title: MGRM
Name: MINTON, MARIE S
Address: 5843 COLFAX AVENUE
City-St-Zip: ALEXANDRIA, VA 22311

I hereby 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: MARIE S MINTON

MGRM

04/13/2011

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