


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90021 004 ****50.00

DOCUMENT # L04000037808					
1. Entity Name METROWEST MEDICAL CENTER, LLC					
Principal Place of Business 1781 PARK CENTER DR ORLANDO, FL 32835			Mailing Address 7251 UNIVERSITY BLVD, STE 300 WINTER PARK, FL 32792		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02212006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 20-1140450				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent	
7. Name and Address of New Registered Agent				Name	
Street Address (P.O. Box Number is Not Acceptable)				City	
City				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MOKRIS, MICHAEL S MD 1781 PARK CENTER DR ORLANDO, FL 32835	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Gregory N. Boger, MD 10939 Bayshore Dr. Windemere, FL 34786	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM REESE, BRADLEY R MD 1781 PARK CENTER DR ORLANDO, FL 32835	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Robert S. Gold, MD 668 Pine Shadow Court Longwood, FL 32779	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HUHN, JOHN F MD 1781 PARK CENTER DR ORLANDO, FL 32835	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AUERBACH, DAVID B DO 1781 PARK CENTER DR ORLANDO, FL 32835	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CLIFFORD B DUBBIN FAMILY LTD 1781 PARK CENTER DR ORLANDO, FL 32835	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SAFFRAN, ALAN J MD 1781 PARK CENTER DR ORLANDO, FL 32835	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>Michael S Mokris</i>			3/29/06 4073510615		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		