2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 02, 2007
Secretary of State

DOCUMENT# L04000037808

Entity Name: METROWEST MEDICAL CENTER, LLC

Current Principal Place of Business:

1781 PARK CENTER DR
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

7251 UNIVERSITY BLVD, STE 300
WINTER PARK, FL 32792

New Mailing Address:

FEI Number: 20-1140450 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HARDING, ROBERT L ESQ
20 N EOLA DR
ORLANDO, FL 32801 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:	MOKRIS, MICHAEL S MD	
Address:	1781 PARK CENTER DR	
City-St-Zip:	ORLANDO, FL 32835	
Title:	MGRM	( ) Delete
Name:	REESE, BRADLEY R MD	
Address:	1781 PARK CENTER DR	
City-St-Zip:	ORLANDO, FL 32835	
Title:	MGRM	( ) Delete
Name:	HUHN, JOHN F MD	
Address:	1781 PARK CENTER DR	
City-St-Zip:	ORLANDO, FL 32835	
Title:	MGRM	( ) Delete
Name:	AUERBACH, DAVID B DO	
Address:	1781 PARK CENTER DR	
City-St-Zip:	ORLANDO, FL 32835	
Title:	MGRM	( ) Delete
Name:	CLIFFORD B DUBBIN FA, MILY LTD	
Address:	1781 PARK CENTER DR	
City-St-Zip:	ORLANDO, FL 32835	
Title:	MGRM	( ) Delete
Name:	SAFFRAN, ALAN J MD	
Address:	1781 PARK CENTER DR	
City-St-Zip:	ORLANDO, FL 32835	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: MICHAEL S MOKRIS, MD MGRM 07/02/2007

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