

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000037808

FILED
Apr 13, 2009
Secretary of State

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
SUITE 300
WINTER PARK, FL 32792

New Mailing Address:

FEI Number: 20-1140450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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 FAMILY 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
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Title: () Change () Addition
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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

04/13/2009

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