2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# L04000039685

Entity Name: TOWER MEDICAL CENTER, L.L.C.

Current Principal Place of Business:

1976 BRANTLEY CIRCLE
CLERMONT, FL 34711

New Principal Place of Business:

210 NORTH HIGHWAY 27
SUITE 1
CLERMONT, FL 34711

Current Mailing Address:

1976 BRANTLEY CIRCLE
CLERMONT, FL 34711

New Mailing Address:

210 NORTH HIGHWAY 27
SUITE 1
CLERMONT, FL 34711

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLYN, DAVID L MD
1976 BRANTLEY CIRCLE
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

ALLYN, DAVID L
210 NORTH HIGHWAY 27
SUITE 1
CLERMONT, FL 34711 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: DAVID L. ALLYN 04/29/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ALLYN, DAVID L
Address: 1976 BRANTLEY CIRCLE
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ALLYN, DAVID L
Address: 210 NORTH HIGHWAY 27 (SUITE 1)
City-St-Zip: CLERMONT, FL 34711

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: DAVID L. ALLYN MGR 04/29/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date