

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000052802

**FILED**  
**Jan 09, 2011**  
**Secretary of State**

**Entity Name:** HIGHLAND LAKES MEDICAL CENTER, LLC

**Current Principal Place of Business:**

34041 U.S. 19 NORTH  
SUITE A  
PALM HARBOR, FL 34684 US

**New Principal Place of Business:**

**Current Mailing Address:**

34041 U.S. 19 NORTH  
SUITE A  
PALM HARBOR, FL 34684 US

**New Mailing Address:**

**FEI Number:** 20-1518012

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JAWAHAR, TAUNK  
34041 U.S. 19 NORTH  
SUITE A  
PALM HARBOR, FL 34684 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: TAUNK, JAWAHAR MD  
Address: 34041 U.S. 19 NORTH  
City-St-Zip: PALM HARBOR, FL 34684

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: JTAUNK@TAMPABAY.RR.COM

MGRM

01/09/2011

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