

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055194

FILED
Apr 14, 2009
Secretary of State

Entity Name: BROOKSVILLE REGIONAL MEDICAL PLAZA, L.L.C.

Current Principal Place of Business:

1635 E. HIGHWAY 50
SUITE 300
CLERMONT, FL 34711 US

New Principal Place of Business:

1635 E. HIGHWAY 50
SUITE 100A
CLERMONT, FL 34711 US

Current Mailing Address:

1635 E. HIGHWAY 50
SUITE 300
CLERMONT, FL 34711 US

New Mailing Address:

1635 E. HIGHWAY 50
SUITE 100A
CLERMONT, FL 34711 US

FEI Number: 20-2303864

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HESSBURG, DANIEL J
1635 E. HIGHWAY 50
SUITE 300
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

HESSBURG, DANIEL J
1635 E. HIGHWAY 50
SUITE 100A
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:

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BOYETTE, WADE
Address: 1635 E. HIGHWAY 50, SUITE 300
City-St-Zip: CLERMONT, FL 34711 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BOYETTE, WADE
Address: 1635 E. HIGHWAY 50, SUITE 100A
City-St-Zip: CLERMONT, FL 34711 US

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: DANIEL J. HESSBURG

RA

04/14/2009

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