

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000081690

FILED
Apr 20, 2005
Secretary of State

Entity Name: CITRUS FAMILY MEDICAL CENTER, LLC

Current Principal Place of Business:

2105 HARTWOOD MARSH ROAD
SUITE 6
CLERMONT, FL 34712 US

New Principal Place of Business:

Current Mailing Address:

2551 BOGGY CREEK ROAD
KISSIMMEE, FL 34744 US

New Mailing Address:

FEI Number: 20-1860213

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAUCHAT, DIANA S
2551 BOGGY CREEK ROAD
KISSIMMEE, FL 34744 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/MEMBERS:

Title: MGR () Delete
Name: GAUCHAT, DIANA S
Address: 2551 BOGGY CREEK ROAD
City-St-Zip: KISSIMMEE, FL 34744 US

Title: MGR () Delete
Name: PALAZZOLO, ARLENE MD
Address: 2551 BOGGY CREEK ROAD
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES:

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 for the exemption stated in Section 119.07(3)(i), 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: DIANA S GAUCHAT

MGR

04/20/2005

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