

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000018162

FILED
Apr 13, 2012
Secretary of State

Entity Name: FLORIDA HOSPITAL DME/RT, L.L.C.

Current Principal Place of Business:

556 FLORIDA CENTRAL PKWY
1060
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

2450 MAITLAND CENTER PKWY
SUITE 200
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 20-2392253

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIMBLE, T.L.
900 HOPE WAY
ALTAMONTE SPRINGS, FL 32714 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: GARNER, HUGH S
Address: 2450 MAITLAND CENTER PKWY, STE 200
City-St-Zip: MAITLAND, FL 32751

Title: MGR
Name: HURST, JEFFERY
Address: 2400 BEDFORD ROAD, 1ST FLOOR
City-St-Zip: ORLANDO, FL 32803

Title: MGRM
Name: NEWTON, SHARON
Address: 2450 MAITLAND CENTER PKWY, STE 200
City-St-Zip: MAITLAND, FL 32751

Title: MGR
Name: BRADY, SCOTT MD
Address: 901 N. LAKE DESTINY ROAD, STE 400
City-St-Zip: MAITLAND, FL 32751

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: SHARON NEWTON

MGRM

04/13/2012

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