

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000031664

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Entity Name:** HIMES MEDICAL CENTER, L.C.

**Current Principal Place of Business:**

11503 SHIMMERING SHORE PLACE  
TAMPA, FL 33624

**New Principal Place of Business:**

**Current Mailing Address:**

11503 SHIMMERING SHORE PLACE  
TAMPA, FL 33624

**New Mailing Address:**

**FEI Number:** 20-2624421

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

O'CONNOR, PATRICK M ESQ.  
C/O OCONNOR & ASSOCIATES  
1250 S. BELCHER ROAD, SUITE 160  
LARGO, FL 337715207 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: MGR  
Name: PATEL, PRATIMA R  
Address: 11503 SHIMMERING SHORE PL  
City-St-Zip: TAMPA, FL 33614

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: PATEL PRATIMA R

MGR

04/12/2010

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