2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050637

City-St-Zip: DEBARY, FL 32713

Entity Name: DELTONA MEDICAL CENTER, LLC

FILED May 30, 2008 Secretary of State

Current P	rincipal Place of Business:	New Principal Place of Business:	New Principal Place of Business:	
820-A DELTONA BLVD		747 FAWN RIDGE DR		
DELTONA	A, FL 32725	200 ORANGE CITY, FL 32763		
Current N	lailing Address:	New Mailing Address:	New Mailing Address:	
	LTONA BLVD a, FL 32725	747 FAWN RIDGE DR 200 ORANGE CITY, FL 32763		
	: 20-2872291 FEI Number Applied For () ice with s. 607.193(2)(b), F.S., the limited liability	FEI Number Not Applicable () Certificate of Status Desired	()	
	I Address of Current Registered Agent	• •		
213 ALEX	O, MANUEL ANDRA WOODS DR FL 32713 US			
	e named entity submits this statement for t e of Florida.	he purpose of changing its registered office or registered agent, o	r both	
SIGNATUI	RE:			
	Electronic Signature of Registered	Agent Date		
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGRM () Delete CRISANTO, MANUEL 213 ALEXANDRA WOODS DR DEBARY, FL 32713	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address:	MGRM () Delete CRISANTO, ESTHER 213 ALEXANDRA WOODS DR	Title: () Change () Addition Name: Address:		

City-St-Zip:

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: MANUEL CRISANTO MGRM 05/30/2008