

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050637

FILED
Apr 30, 2009
Secretary of State

Entity Name: DELTONA MEDICAL CENTER, LLC

Current Principal Place of Business:

747 FAWN RIDGE DR
200
ORANGE CITY, FL 32763

New Principal Place of Business:

Current Mailing Address:

747 FAWN RIDGE DR
200
ORANGE CITY, FL 32763

New Mailing Address:

FEI Number: 20-2872291

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRISANTO, MANUEL
213 ALEXANDRA WOODS DR
DEBARY, FL 32713 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 () Delete
Name: CRISANTO, MANUEL
Address: 213 ALEXANDRA WOODS DR
City-St-Zip: DEBARY, FL 32713

Title: MGRM () Delete
Name: CRISANTO, ESTHER
Address: 213 ALEXANDRA WOODS DR
City-St-Zip: DEBARY, FL 32713

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 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

04/30/2009

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