

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2008 08:00 A
Secretary of State

DOCUMENT # L05000064666

1. Entity Name
GREEN MEDICAL CENTER, LLC



Principal Place of Business
**427 SOUTH NEW YORK AVENUE
SUITE 201-C
WINTER PARK, FL 32789 US**

Mailing Address
**427 SOUTH NEW YORK AVENUE
SUITE 201-C
WINTER PARK, FL 32789 US**



02282008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3078257

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROHR, JAY
427 SOUTH NEW YORK AVENUE
SUITE 201-C
WINTER PARK, FL 32789**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ROHR, JAY
STREET ADDRESS	427 S. NEW YORK AVENUE, SUITE 201-C
CITY- ST- ZIP	WINTER PARK, FL 32789
TITLE	MGRM
NAME	BURNS, JOSEPH E
STREET ADDRESS	160 WEST EVERGREEN AVENUE, SUITE 115
CITY- ST- ZIP	LONGWOOD, FL 32750
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000849611
03/21/08-80027-006 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Jay Rohr, MANAGING MEMBER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-29-08 407-629-6001

Date

Daytime Phone #