

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086192

Entity Name: APPLE MEDICAL CENTER, LLC

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

20800 BISCAYNE BLVD
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

20800 BISCAYNE BLVD
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 11-3758124

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNET, LIONEL ESQ
9100 SOUTH DADELAND BOULEVARD STE 404
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

BARNET, LIONEL ESQ
9100 SOUTH DADELAND BOULEVARD STE 404
SUITE #404
MIAMI, FL 33156 US

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:

04/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROSE, MICHAEL MD
Address: 20800 BISCAYNE BOULEVARD
City-St-Zip: AVENTURA, FL 33180

Title: MGRM () Delete
Name: LEHRMAN, DAVID MD
Address: 20800 BISCAYNE BLVD
City-St-Zip: AVENTURA, FL 33180

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: MICHAEL ROSE, M.D.

MGRM

04/16/2009

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