

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000086512

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Entity Name:** HASAN MEDICAL CENTER, PLC

**Current Principal Place of Business:**

7524 NORTH HIMES AVENUE  
TAMPA, FL 33614

**New Principal Place of Business:**

6529 GUNN HWY  
TAMPA, FL 33625 US

**Current Mailing Address:**

10207 RADCLIFFE DR.  
TAMPA, FL 336262515 US

**New Mailing Address:**

10207 RADCLIFFE DR.  
TAMPA, FL 33626 US

**FEI Number:** 20-3397907

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HASAN, TARIK K MD  
10207 RADCLIFFE DR.  
TAMPA, FL 33626 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  
Name: HASAN, TARIK K MD  
Address: 10207 RADCLIFFE DR.  
City-St-Zip: TAMPA, FL 33626

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: TARIK HASAN

MGMR

01/07/2010

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