

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000098857

FILED  
Apr 22, 2009  
Secretary of State

**Entity Name:** MULTI-SPECIALTY MEDICAL COMPLEX, LLC

**Current Principal Place of Business:**

320 FIRST STREET NORTH  
WINTER HAVEN, FL 33881

**New Principal Place of Business:**

1255 STATE ROAD 60 EAST  
LAKE WALES, FL 33853

**Current Mailing Address:**

320 FIRST STREET NORTH  
WINTER HAVEN, FL 33881

**New Mailing Address:**

FEI Number: 20-5707221      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

BENNETT, BARRY W  
106 AVENUE F, S.W.  
WINTER HAVEN, FL 33881      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: CHANDRASEKHAR, KOLLAGUNTA S  
Address: 320 FIRST STREET NORTH  
City-St-Zip: WINTER HAVEN, FL 33881

Title: MGRM ( ) Delete  
Name: PASS, CAROLYN D  
Address: 134 LAKE MARIAM WAY  
City-St-Zip: WINTER HAVEN, FL 33884

**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: KOLLAGUNTA CHANDRASEKHAR, MD      MGRM      04/22/2009

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