2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2008
Secretary of State

DOCUMENT# L06000121969

Entity Name: OSCEOLA HEALTHCARE I PARTNERS, LLC

Current Principal Place of Business:

240 EAGLE ESTATES DR.
DEBARY, FL 32713

New Principal Place of Business:

Current Mailing Address:

240 EAGLE ESTATES DR.
DEBARY, FL 32713

New Mailing Address:

FEI Number: 59-3705898 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERZOG, L.P.
240 EAGLE ESTATES 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: MGR ( ) Delete
Name: HERZOG, L. P
Address: 240 EAGLE ESTATES DR.
City-St-Zip: DEBARY, FL 32713

Title: MGR ( ) Delete
Name: SWAIN, W. STEWART
Address: P.O. BOX 1907
City-St-Zip: KERNERSVILLE, NC 27285

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: LP HERZOG MGR 02/06/2008

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