

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000000582

**FILED**  
**Feb 08, 2008**  
**Secretary of State**

**Entity Name:** MERCY MEDICAL CENTER, L.L.C.

**Current Principal Place of Business:**

3400 CORAL WAY  
601  
MIAMI, FL 33145

**New Principal Place of Business:**

**Current Mailing Address:**

3400 CORAL WAY  
601  
MIAMI, FL 33145

**New Mailing Address:**

**FEI Number:** 20-8144096

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BANOS, JAVIER  
3400 CORAL WAY  
601  
MIAMI, FL 33145 US

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

BANOS, ESQ, JAVIER  
3400 CORAL WAY  
601  
MIAMI, FL 33145 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:** JAVIER BANOS

02/08/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** GARCIA, RAFAEL  
**Address:** 3400 CORAL WAY, SUITE 601  
**City-St-Zip:** MIAMI, FL 33145

**ADDITIONS/CHANGES:**

**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:** RAFAEL GARCIA

MGR

02/08/2008

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