

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000040377

FILED
Feb 04, 2009
Secretary of State

Entity Name: TARPON BAY MEDICAL CENTER, LLC

Current Principal Place of Business:

1648 PERIWINKLE WAY, SUITE B
SANIBEL, FL 33957

New Principal Place of Business:

2407 PERIWINKLE WAY, SUITE 7
SANIBEL, FL 33957

Current Mailing Address:

1648 PERIWINKLE WAY, SUITE B
SANIBEL, FL 33957

New Mailing Address:

PO BOX 696
CAPTIVA, FL 33924

FEI Number: 20-8854941

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLATT, DAVID M
1648 PERIWINKLE WAY, SUITE B
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

SCHUBERT, JOHN D
16897 CAPTIVA DR.
CAPTIVA, FL 33924 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: JOHN D. SCHUBERT

02/04/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MADDEN, JOHN
Address: 17201 CAPTIVA DRIVE
City-St-Zip: CAPTIVA, FL 33924

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SCHUBERT, JOHN D
Address: 16897 CAPTIVA DRIVE
City-St-Zip: CAPTIVA, FL 33924

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: JOHN D. SCHUBERT

MGR

02/04/2009

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