

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000050309

FILED
Apr 27, 2009
Secretary of State

Entity Name: SAFETY-NET HOSPITAL ALTERNATIVE RISK POOL, LLC

Current Principal Place of Business:

C/O MEMORIAL HEALTHCARE SYSTEM
3501 JOHNSON STREET
HOLLYWOOD, FL 33302

New Principal Place of Business:

Current Mailing Address:

C/O MEMORIAL HEALTHCARE SYSTEM
3501 JOHNSON STREET
HOLLYWOOD, FL 33302

New Mailing Address:

FEI Number: 26-0152038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

F&L CORP.
ONE INDEPENDENT DRIVE, SUITE 1300
JACKSONVILLE, FL 32202 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: MUHART, MATTHEW J
Address: 3501 JOHNSON ST
City-St-Zip: HOLLYWOOD, FL 33302

Title: MGR () Delete
Name: KRAYER, ANTHONY C III
Address: 3501 JOHNSON ST
City-St-Zip: HOLLYWOOD, FL 33302

Title: MGR () Delete
Name: STENBERG, ARNOLD
Address: 801 6TH ST SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: MGR () Delete
Name: STATOS, KIMARIE
Address: 3100 SW 62ND AVE
City-St-Zip: MIAMI, FL 33155

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: POWERS, PAUL
Address: 1324 LAKE LAND HILLS BLVD.
City-St-Zip: LAKE LAND, FL 33804

Title: MGR () Change (X) Addition
Name: THORNTON, ROBERT
Address: 701 6TH STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33701

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: PATRICIA F. PALLITO

AUTH

04/27/2009

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