

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000050309

FILED
Feb 11, 2011
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 33021

New Principal Place of Business:

Current Mailing Address:

C/O MEMORIAL HEALTHCARE SYSTEM
3501 JOHNSON STREET
HOLLYWOOD, FL 33021

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
Name: MUHART, MATTHEW J
Address: 3501 JOHNSON ST
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR
Name: WHEATLEY, WILLIAM
Address: 3501 JOHNSON ST
City-St-Zip: HOLLYWOOD, FL 33021

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

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

Title: MGR
Name: POWERS, PAUL
Address: 1324 LAKELAND HILLS BLVD.
City-St-Zip: LAKELAND, FL 33804

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

I hereby 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: PATTI PALLITO

MGR

02/11/2011

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