

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000074038

FILED
Aug 12, 2008
Secretary of State

Entity Name: OAKSTEAD MEDICAL CENTER, LLC

Current Principal Place of Business:

2410 BRINLEY DRIVE
TRINITY, FL 34655

New Principal Place of Business:

19401 SHUMARD OAK DRIVE
LAND O LAKES, FL 34638

Current Mailing Address:

2410 BRINLEY DRIVE
TRINITY, FL 34655

New Mailing Address:

19401 SHUMARD OAK DRIVE
LAND O LAKES, FL 34638

FEI Number: 26-0765282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAEED, KHALID DO
2410 BRINLEY DRIVE
TRINITY, FL 34655 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: KHALID, SAEED DO
Address: 2410 BRINLEY DRIVE
City-St-Zip: TRINITY, FL 34655

Title: MGR () Delete
Name: DANNY, ABBRUZZESE MD
Address: 19915 ELLENDALE DRIVE
City-St-Zip: LAND O'LAKES, FL 34639

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: KHALID SAEED, DO

MGR

08/12/2008

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