

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000081397

FILED
Apr 22, 2008
Secretary of State

Entity Name: VALRICO MEDICAL CENTER, LLC

Current Principal Place of Business:

210 WEST PLATT STREET
TAMPA, FL 33606

New Principal Place of Business:

14701 NORTH FLORIDA AVENUE
TAMPA, FL 33613

Current Mailing Address:

210 WEST PLATT STREET
TAMPA, FL 33606

New Mailing Address:

201 NORTH FRANKLIN STREET
SUITE 2000
TAMPA, FL 33602

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, JAMES W
210 WEST PLATT STREET
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

MOORE, CHARLES A ESQ.
201 NORTH FRANKLIN STREET
SUITE 2000
TAMPA, FL 33602 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: CHARLES A. MOORE

04/22/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALLEN, JAMES W
Address: 210 WEST PLATT STREET
City-St-Zip: TAMPA, FL 33606

Title: MGRM (X) Delete
Name: WILLIAMS, DARRELL R
Address: 210 WEST PLATT STREET
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SHAH, DIPAK
Address: 14701 NORTH FLORIDA AVENUE
City-St-Zip: TAMPA, FL 33613

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: DIPAK SHAH

MGR

04/22/2008

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