

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000095844

FILED
Apr 07, 2009
Secretary of State

Entity Name: MONTCLARE MEDICAL CENTRE, LLC

Current Principal Place of Business:

70 WEST GORE STREET
ORLANDO, FL 32806 US

New Principal Place of Business:

Current Mailing Address:

80 WEST GORE STREET
ORLANDO, FL 32806 US

New Mailing Address:

207 WEST GORE ST.
SUITE 007
ORLANDO, FL 32806 US

FEI Number: 26-1399663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STONE, STEPHEN M ESQ
725 NORTH MAGNOLIA AVENUE
ORLANDO, FL 32803 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: MGRM () Delete
Name: LEVINE, LEONARD J
Address: 80 WEST GORE STREET
City-St-Zip: ORLANDO, FL 32803 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEVINE, LEONARD J
Address: 207 WEST GORE ST, SUITE 007
City-St-Zip: ORLANDO, FL 32803 US

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: JEAN S. GARROD

MGR

04/07/2009

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