2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2011
Secretary of State

DOCUMENT# L07000095844

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:

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

New Mailing Address:

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
Name: LEVINE, LEONARD J
Address: 207 WEST GORE ST, SUITE 007
City-St-Zip: ORLANDO, FL 32803 US

Title: MGRM
Name: CROSBY-LAVINE, THEA
Address: 70 WEST GORE ST, SUITE 007
City-St-Zip: ORLANDO, FL 32806 US

Title: MGRM
Name: LAUFER, BARBARA
Address: 70 WEST GORE ST, SUITE 007
City-St-Zip: ORLANDO, FL 32806 US

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 Statues.

SIGNATURE: LEONARD J. LEVINE MGR 02/18/2011

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