

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000104369

**FILED**  
**Mar 10, 2008**  
**Secretary of State**

**Entity Name:** BALEN MEDICAL CENTER, LLC

**Current Principal Place of Business:**

10613 HATTERAS DRIVE  
TAMPA, FL 33615

**New Principal Place of Business:**

15429 NORTH FLORIDA AVENUE  
TAMPA, FL 33613

**Current Mailing Address:**

10613 HATTERAS DRIVE  
TAMPA, FL 33615

**New Mailing Address:**

15429 NORTH FLORIDA AVENUE  
TAMPA, FL 33613

FEI Number: 33-1186563

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HAYMAN, STEPHEN D  
6605 GUNN HIGHWAY  
TAMPA, FL 33625 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: MEKOWULU, EMMANUEL I  
Address: 10613 HATTERAS DRIVE  
City-St-Zip: TAMPA, FL 33615

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: EGBUJIOBI, BRIDGET  
Address: 807 SHERWOOD DRIVE NE  
City-St-Zip: BELOIT, WI 53511

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: EMMANUEL MEKOWULU

MGRM

03/10/2008

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