

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000117787

FILED
Apr 16, 2008
Secretary of State

Entity Name: COMPASSIONATE MEDICAL CENTER OF PORT ST. LUCIE, LLC

Current Principal Place of Business:

1300 36TH STREET
SUITE G-1
VERO BEACH, FL 32960 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 401
VERO BEACH, FL 32961 US

New Mailing Address:

FEI Number: 20-2663922

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COPPOLA, NICHOLAS A III
1300 36TH STREET
SUITE G-1
VERO BEACH, FL FL 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: COPPOLA, NICHOLAS A III
Address: 1300 36TH STREET, SUITE G-1
City-St-Zip: VERO BEACH, FL 32960 US

ADDITIONS/CHANGES:

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: NICHOLAS A. COPPOLA, III

MGRM

04/16/2008

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