

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000117787

FILED
May 07, 2009
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:

1485 37TH STREET
SUITE 102
VERO BEACH, FL 32960 US

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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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:

COPPOLA, NICHOLAS A III
1485 37TH STREET
SUITE 102
VERO BEACH, FL FL 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: NICHOLAS COPPOLA

05/07/2009

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: MGRM (X) Change () Addition
Name: COPPOLA, NICHOLAS A III
Address: 1485 37TH STREET SUITE 102
City-St-Zip: VERO BEACH, FL 32960 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: NICHOLAS A COPPOLA III

MGR

05/07/2009

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