2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# L07000127898

Entity Name: COLEE HAMMOCK MEDICAL CENTER HOLDINGS, LLC

Current Principal Place of Business:

C/O 7000 W. PALMETTO PARK ROAD
SUITE 205
BOCA RATON, FL 33433 US

New Principal Place of Business:

Current Mailing Address:

C/O 7000 W. PALMETTO PARK ROAD
SUITE 205
BOCA RATON, FL 33433 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORRIS, STUART R ESQ.
7000 W. PALMETTO PARK ROAD
SUITE 205
BOCA RATON, FL 33433 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: MGR ( ) Delete
Name: STELNICKI, MARY
Address: 7000 W PALMETTO PARK RD
City-St-Zip: BOCA RATON, FL 33433

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

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: STELNICKI, MARY
Address: 7000 W PALMETTO PARK RD
City-St-Zip: BOCA RATON, FL 33433 US

Title: MGR ( ) Change (X) Addition
Name: STELNICKI, MARY
Address: 100 SE 15TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33301 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: MARY STELNICKI MGR 04/16/2009

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