2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L08000010666

Entity Name: HOLLY MEDICAL FACILITY DEVELOPMENT LLC

Current Principal Place of Business:

370 MINORCA AVENUE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

370 MINORCA AVENUE
CORAL GABLES, FL 33134

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:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

BERRIOS, XIMENA
370 MINORCA AVE
CORAL GABLES, FL 33134 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: XIMENA BERRIOS 04/30/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: HOLLY, WILLIAM H
Address: 370 MINORCA
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR ( ) Change (X) Addition
Name: MCCAMMON, ROBERT K
Address: 370 MINORCA AVE
City-St-Zip: CORAL GABLES, FL 33134

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: WILLIAM H HOLLY MGRM 04/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date