

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2008 8:00 am
Secretary of State

04-24-2008 90021 036 ***138.75

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DOCUMENT # L08000015712 1. Entity Name CURRY FORD MEDICAL CENTER, LLC					
Principal Place of Business 7148 CURRY FORD RD STE 100 ORLANDO, FL 32822			Mailing Address 7148 CURRY FORD RD STE 100 ORLANDO, FL 32822		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 60-0004040	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BRENNAN, MANNA & DIAMOND, P.L. 76 S LAURA ST STE 2110 JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when resigning)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COMENENCIA, EDESEL J 9033 LAKE COVENTRY CT GOTHA, FL 34734	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Comenencia, Edsel J. 2841 WINDSOR HILL DR WINDERMERE, FL 34786	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ORIEL-COMENENCIA, NEMAL C 9033 LAKE COVENTRY CT GOTHA, FL 34734	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ORIEL-COMENENCIA, NEMA C. 2841 WINDSOR HILL DR WINDERMERE FL 34786	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DURAN, GERARDO M 9108 BAYWARD CT ORLANDO, FL 32819	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLORES, MARIA REGINA C 9108 BAYWARD CT ORLANDO, FL 32819	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____			4/23/08 4079281448		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		