

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000015712

FILED
Jan 24, 2009
Secretary of State

Entity Name: CURRY FORD MEDICAL CENTER, LLC

Current Principal Place of Business:

7148 CURRY FORD RD
STE 100
ORLANDO, FL 32822

New Principal Place of Business:

Current Mailing Address:

7148 CURRY FORD RD
STE 100
ORLANDO, FL 32822

New Mailing Address:

FEI Number: 60-0004040

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRENNAN, MANNA & DIAMOND, P.L.
76 S LAURA ST
STE 2110
JACKSONVILLE, FL 32202 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: ORIEL-COMENENCIA, NEMAL C
Address: 2841 WINDSOR HILL DR
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM () Delete
Name: DURAN, GERARDO M
Address: 9108 BAYWARD CT
City-St-Zip: ORLANDO, FL 32819

Title: MGRM () Delete
Name: FLORES, MARIA REGINA C
Address: 9108 BAYWARD CT
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ORIEL-COMENENCIA, NEMA C
Address: 2841 WINDSOR HILL DR
City-St-Zip: WINDERMERE, FL 34786

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ORIEL-COMENENCIA,NEMA

MGRM

01/24/2009

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