

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000028912

FILED
Mar 24, 2009
Secretary of State

Entity Name: OCANA MEDICAL CENTER, LLC.

Current Principal Place of Business:

8915 BRELAND DR
TAMPA, FL 33626

New Principal Place of Business:

6529 GUNN HWY WAY
TAMPA, FL 33625

Current Mailing Address:

8915 BRELAND DR
TAMPA, FL 33626

New Mailing Address:

6529 GUNN HWY WAY
TAMPA, FL 33625

FEI Number: 26-2215795

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OCANA, ANTONIO L JR
8915 BRELAND DR
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

OCANA, ANTONIO L JR
6529 GUNN HWY WAY
TAMPA, FL 33625 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: ANTONIO OCANA

03/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: OCANA, ANTONIO L JR
Address: 8915 BRELAND DR
City-St-Zip: TAMPA, FL 33626

Title: MGR () Delete
Name: OCANA, GIPSY
Address: 8915 BRELAND DR
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: OCANA, ANTONIO L JR
Address: 6529 GUNN HWY WAY
City-St-Zip: TAMPA, FL 33625

Title: MGR (X) Change () Addition
Name: OCANA, GIPSY
Address: 6529 GUNN HWY WAY
City-St-Zip: TAMPA, FL 33625

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: ANTONIO OCANA

D

03/24/2009

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