

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000047900

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** BARTOW MEDICAL CENTER, LLC

**Current Principal Place of Business:**

1056 NORTH BROADWAY AVE.  
BARTOW, FL 33830 US

**New Principal Place of Business:**

**Current Mailing Address:**

6916 LINEBAUGH AVE, STE 101  
TAMPA, FL 33625 US

**New Mailing Address:**

4010 GUNN HIGHWAY  
220B  
TAMPA, FL 33625 US

**FEI Number:** 26-2605824

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MEDICARE CARE CENTERS, LLC  
6916 LINEBAUGH AVE  
SUITE 101  
CLEARWATER, FL 33763 US

**Name and Address of New Registered Agent:**

MEDICARE CARE CENTERS, LLC  
4010 GUNN HIGHWAY  
SUITE 220B  
TAMPA, FL 33618 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:

04/29/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MEDICAL CARE CENTERS, LLC  
Address: 4010 GUNN HIGHWAY STE 220B  
City-St-Zip: TAMPA, FL 33618 US

I hereby 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: NAZEER H KHAN

MGRM

04/29/2010

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