

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000049398

FILED
Apr 29, 2009
Secretary of State

Entity Name: HAINES CITY MEDICAL CENTER, LLC

Current Principal Place of Business:

4011 US HIGHWAY 27 NORTH
HAINES CITY, FL 33844 US

New Principal Place of Business:

Current Mailing Address:

6916 LINEBAUGH AVE, STE 101
TAMPA, FL 33625

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:

MEDICAL CARE CENTERS, LLC
2515 COUNTRYSIDE BOULEVARD
SUITE C
CLEARWATER, FL 33763 US

Name and Address of New Registered Agent:

MEDICAL CARE CENTERS, LLC
6916 LINEBAUGH AVE
SUITE 101
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: NAZEER H. KHAN, M.D.

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MEDICAL CARE CENTERS, LLC
Address: 2515 COUNTRYSIDE BOULEVARD, STE C
City-St-Zip: CLEARWATER, FL 33763

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MEDICAL CARE CENTERS, LLC
Address: 6916 LINEBAUGH AVE, SUITE 101
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: NAZEER H. KHAN, M.D.

MGRM

04/29/2009

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