

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000049398

FILED
Apr 27, 2011
Secretary of State

Entity Name: HAINES CITY MEDICAL CENTER, LLC

Current Principal Place of Business:

4011 US HIGHWAY 27 NORTH
2 BUILDING 110
HAINES CITY, FL 33844 US

New Principal Place of Business:

Current Mailing Address:

4010 GUNN HIGHWAY
220B
TAMPA, FL 33625

New Mailing Address:

FEI Number: 26-2627250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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 KHAN

MGRM

04/27/2011

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