

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000051242

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: SPRING HILL MEDICAL CENTER LLC

**Current Principal Place of Business:**

2515 COUNTRYSIDE BOULEVARD  
SUITE C  
CLEARWATER, FL 33763

**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:**

SNS MANAGEMENT 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 SUITE C  
City-St-Zip: CLEARWATER, FL 33763

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MEDICAL CARE CENTERS LLC  
Address: 6916 LINEBAUGH AVE, STE 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