

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000056824

FILED
Apr 29, 2009
Secretary of State

Entity Name: MOUNTAIN MEDICAL CENTER, LLC

Current Principal Place of Business:

777 DELTONA BOULEVARD
DELTONA, FL 32725

New Principal Place of Business:

777 DELTONA BOULEVARD
STE 21
DELTONA, FL 32725

Current Mailing Address:

777 DELTONA BOULEVARD
DELTONA, FL 32725

New Mailing Address:

FEI Number: 26-2767236 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILLASPIE, ROBERT C
9 WEST HIGHBANKS ROAD
DEBARY, FL 32713 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 () Delete
Name: MOUNTAIN, MATTHEW T DR.
Address: 777 DELTONA BLVD #21
City-St-Zip: DELTONA, FL 32725

Title: MGRM () Delete
Name: UMPIERRE, ENRIQUE DR.
Address: 777 DELTONA BLVD #21
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MATTHEW T. MOUNTAIN

MGRM

04/29/2009

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