

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000062304

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

21 SUNTREE PLACE  
MELBOURNE, FL 32940

**New Principal Place of Business:**

**Current Mailing Address:**

7777 N WICKHAM ROAD  
12-305  
MELBOURNE, FL 32940

**New Mailing Address:**

**FEI Number:** 26-2867516

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HUNTON, REBECCA P  
7777 N WICKHAM RD  
12-305  
MELBOURNE, FL 32940 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: HUNTON, REBECCA P  
Address: 7777 N WICKHAM ROAD 12-305  
City-St-Zip: MELBOURNE, FL 32940

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: REBECCA HUNTON

MGRM

04/30/2012

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