

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000075062

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Entity Name:** LAKE NONA MEDICAL CITY, LLC

**Current Principal Place of Business:**

9801 LAKE NONA ROAD  
ORLANDO, FL 32827

**New Principal Place of Business:**

**Current Mailing Address:**

9801 LAKE NONA ROAD  
ORLANDO, FL 32827

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

B&C CORPORATE SERVICES OF CENTRAL FLORIDA,  
390 NORTH ORANGE AVENUE, STE 1400  
ORLANDO, FL 32801    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: P  
Name: ZBORIL, JAMES L  
Address: 9801 LAKE NONA ROAD  
City-St-Zip: ORLANDO, FL 32827

Title: VP  
Name: ADAMS, ROBERT B  
Address: 9801 LAKE NONA ROAD  
City-St-Zip: ORLANDO, FL 32827

Title: VP  
Name: SEYMOUR, THADDEUS JR.  
Address: 9801 LAKE NONA ROAD  
City-St-Zip: ORLANDO, FL 32827

Title: VP  
Name: LEVEY, RICHARD L  
Address: 9801 LAKE NONA ROAD  
City-St-Zip: ORLANDO, FL 32827

Title: VP  
Name: PEEK, SCOTT I JR.  
Address: 9801 LAKE NONA ROAD  
City-St-Zip: ORLANDO, FL 32827

Title: VP  
Name: THAKKAR, RASESH  
Address: 9801 LAKE NONA ROAD  
City-St-Zip: ORLANDO, FL 32827

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: JAMES L. ZBORIL

P

04/22/2010

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