

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000087292

FILED
Jun 29, 2009
Secretary of State

Entity Name: SAJUNE MEDICAL CENTER, L.L.C.

Current Principal Place of Business:

954 LAKE BALDWIN LANE
ORLANDO, FL 32814

New Principal Place of Business:

Current Mailing Address:

954 LAKE BALDWIN LANE
ORLANDO, FL 32814

New Mailing Address:

FEI Number: 20-1610301 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WEATHERFORD, WILLIAM P JR.
1150 LOUISIANA AVE., SUITE 4
WINTER PARK, FL US

Name and Address of New Registered Agent:

WEATHERFORD, WILLIAM P JR.
1150 LOUISIANA AVE
SUITE 4
WINTER PARK, FL 32790 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:

06/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PATI, SANGEETA M.D.
Address: 954 LAKE BALDWIN LANE
City-St-Zip: ORLANDO, FL 32814

ADDITIONS/CHANGES:

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: ZENA ANDREWS

DIR

06/29/2009

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