

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000103691

**FILED  
Mar 30, 2010  
Secretary of State**

**Entity Name:** PASCO HERNANDO HMA PHYSICIAN MANAGEMENT, LLC

**Current Principal Place of Business:**

5811 PELICAN BAY BLVD., STE. 500  
NAPLES, FL 34108

**New Principal Place of Business:**

**Current Mailing Address:**

5811 PELICAN BAY BLVD., STE. 500  
NAPLES, FL 34108

**New Mailing Address:**

5811 PELICAN BAY BLVD., STE. 500  
ATTENTION: LEGAL DEPT  
NAPLES, FL 34108

FEI Number: 20-2832978

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MGR  
Name: HOSPITAL MANAGEMENT ASSOCIATES, INC.  
Address: 5811 PELICAN BAY BLVD., STE. 500  
City-St-Zip: NAPLES, FL 34108

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: TIMOTHY R. PARRY

SVP

03/30/2010

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