

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000107928

FILED
Mar 29, 2010
Secretary of State

Entity Name: LEHIGH HMA PHYSICIAN MANAGEMENT, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-2159472

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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., SUITE 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

03/29/2010

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