

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000000527

FILED
Jan 07, 2010
Secretary of State

Entity Name: THE VILLAGES REGIONAL HOSPITAL PHYSICIAN SERVICES, LLC

Current Principal Place of Business:

600 EAST DIXIE AVENUE
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

600 EAST DIXIE AVENUE
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 26-3978916

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRAUN, PHILIP J
600 EAST DIXIE AVENUE
LEESBURG, FL 34748 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: THE VILLAGES TRI-COUNTY MEDICAL CENTER, INC
Address: 600 EAST DIXIE AVENUE
City-St-Zip: LEESBURG, FL 34748

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: PHILIP J BRAUN

MGRM

01/07/2010

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