2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2012
Secretary of State

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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 ( )**

Name and Address of Current Registered Agent:

BRAUN, PHILIP J
301 WEST OAK TERRACE DRIVE
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

BRAUN, PHILIP J
600 EAST DIXIE AVENUE
LEESBURG, FL 34748 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: PHILIP J. BRAUN 04/12/2012
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 Statues.

SIGNATURE: PHILIP J. BRAUN RA 04/12/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date