

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000018029

FILED
Apr 20, 2010
Secretary of State

Entity Name: WEST WATERS MEDICAL CENTER, LLC

Current Principal Place of Business:

3550 W. WATERS AVE.
108
TAMPA, FL 33614 US

New Principal Place of Business:

Current Mailing Address:

3550 W. WATERS AVE.
108
TAMPA, FL 33614 US

New Mailing Address:

FEI Number: 26-4313396

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACOSTA, EMMANUEL G
3550 W. WATERS AVE.
108
TAMPA,, FL 33614 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: ACOSTA, EMMANUEL G
Address: 3550 W. WATERS AVE., SUITE 108
City-St-Zip: TAMPA, FL 33614 US

Title: MGRM
Name: ROBERTO, PORTAL
Address: 3550 W. WATERS AVE., SUITE 108
City-St-Zip: TAMPA, FL 33614 US

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: ROBERTO PORTAL

MGRM

04/20/2010

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