

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000049909

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** TALL PINES MEDICAL CENTER, LLC

**Current Principal Place of Business:**

80 WILSON PLAZA SOUTH  
6A  
NAPLES, FL 34120

**New Principal Place of Business:**

**Current Mailing Address:**

80 WILSON PLAZA SOUTH  
6A  
NAPLES, FL 34120

**New Mailing Address:**

**FEI Number:** 27-0228772

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHONOLLES, JEAN  
80 WILSON BOULEVARD SOUTH  
NAPLES, FL 34120 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: CHONOLLES, JEAN  
Address: 3920 6TH AVE. N.E.  
City-St-Zip: NAPLES, FL 34120

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: JEAN CHONOLLES

MR.

02/16/2010

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