

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000082002

FILED
Mar 18, 2010
Secretary of State

Entity Name: OSCEOLA MEDICAL CARE LLC

Current Principal Place of Business:

4301 VINELAND ROAD
SUITE E-6
ORLANDO, FL 32811

New Principal Place of Business:

2501 TRAFALGAR BOULEVARD
KISSIMMEE, FL 34758

Current Mailing Address:

C/O 4301 VINELAND ROAD
SUITE E-6
ORLANDO, FL 32811

New Mailing Address:

P O BOX 691089
ORLANDO, FL 32869

FEI Number: 27-0878349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THURDEKOOS, CARLOS
4301 VINELAND ROAD
SUITE E-6
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

THURDEKOOS, CARLOS
2501 TRAFALGAR BOULEVARD
KISSIMMEE, FL 34758 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: CARLOS THURDEKOOS

03/18/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: THURDEKOOS, CARLOS
Address: 2501 TRAFALGAR BOULEVARD
City-St-Zip: KISSIMMEE, FL 34758

Title: MGRM
Name: SOSA-LOZANO, LUIS A
Address: 2501 TRAFALGAR BOULEVARD
City-St-Zip: KISSIMMEE, FL 34758

Title: MGRM
Name: THURDEKOOS, MARIA
Address: 2501 TRAFALGAR BOULEVARD
City-St-Zip: KISSIMMEE, FL 34758

Title: MGRM
Name: CABRERA-PARRA, MONICA E
Address: 2501 TRAFALGAR BOULEVARD
City-St-Zip: KISSIMMEE, FL 34758

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: CARLOS THURDEKOOS

MGRM

03/18/2010

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