

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000092094

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** PADGETT MEDICAL CENTER LLC

**Current Principal Place of Business:**

1503 WEST LE COMPTE DRIVE  
TAMPA, FL 33604 US

**New Principal Place of Business:**

18952 N. DALE MABRY HWY  
SUITE 101  
LUTZ, FL 33548 US

**Current Mailing Address:**

1503 WEST LE COMPTE DRIVE  
TAMPA, FL 33604 US

**New Mailing Address:**

18952 N. DALE MABRY HWY  
SUITE 101  
LUTZ, FL 33548 US

**FEI Number:** 27-0989322

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PADGETT, SHAUN R  
1503 WEST LE COMPTE DRIVE  
TAMPA, FL 33604 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: PADGETT, SHAUN R  
Address: 1503 W LE COMPTE DRIVE  
City-St-Zip: TAMPA, FL 33604 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: SHAUN R PADGETT

MGMR

04/27/2010

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