

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000092094

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** PADGETT MEDICAL CENTER LLC

**Current Principal Place of Business:**

8320 STONE RUN CT  
TAMPA, FL 33615 US

**New Principal Place of Business:**

**Current Mailing Address:**

7502 SW 60TH AVE  
UNIT B  
OCALA, FL 34476

**New Mailing Address:**

**FEI Number:** 27-0989322      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PADGETT, SHAUN R  
26609 LAWRENCE AVENUE  
WESLEY CHAPEL, FL 33544 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:** 26609 LAWRENCE AVENUE  
**City-St-Zip:** WESLEY CHAPEL, FL 33544 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: SHAWN PADGETT

MGRM

05/01/2012

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