

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000105873

**FILED**  
**Jan 30, 2012**  
**Secretary of State**

**Entity Name:** KIRKMAN MEDICAL CENTER, LLC

**Current Principal Place of Business:**

882 S. KIRKMAN ROAD  
SUITE 108 A  
ORLANDO, FL 32811

**New Principal Place of Business:**

**Current Mailing Address:**

4943 CAINS WREN TRAIL  
SANFORD, FL 32771

**New Mailing Address:**

**FEI Number:** 26-3283863

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GUZMAN, MARIA  
4943 CAINS WREN TRAIL  
SANFORD, FL 32771 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:** PILLAI, SRINIVASAN  
**Address:** 4943 CAINS WREN TRAIL  
**City-St-Zip:** SANFORD, FL 32771

**Title:** MGR  
**Name:** GUZMAN, MARIA  
**Address:** 4943 CAINS WREN TRAIL  
**City-St-Zip:** SANFORD, FL 32771

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:** SRINIVASAN PILLAI

MGRM

01/30/2012

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