

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000014191

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** UNITY MEDICAL CENTER, P.L.

**Current Principal Place of Business:**

2508 W. TAMPA BAY BLVD.  
TAMPA, FL 33607 US

**New Principal Place of Business:**

**Current Mailing Address:**

2508 W. TAMPA BAY BLVD.  
TAMPA, FL 33607 US

**New Mailing Address:**

3202 N. HOWARD AVE  
TAMPA, FL 33607 US

**FEI Number:** 27-1967530

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRAY LAW GROUP, LLC  
1111 BRICKELL AVENUE  
11TH FLOOR  
MIAMI, FL 33131 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: CELINA OKPALEKE, P.A.  
Address: 3202 N. HOWARD AVENUE  
City-St-Zip: TAMPA, FL 33607

Title: MGRM  
Name: FREDERICK CHINWUBA, P.A.  
Address: 2810 67TH STREET WEST  
City-St-Zip: BRADENTON, FL 34209 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: CELINA OKPALEKE

MGRM

04/11/2012

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