2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2012
Secretary of State

DOCUMENT# L10000026602

Entity Name: LAKE MEDICAL CENTER PLLC

Current Principal Place of Business:

425 S.E. 2ND ST.
BELLE GLADE, FL 33430 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 642
BELLE GLADE, FL 33430 US

New Mailing Address:

FEI Number: 27-2095417 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEVENS, JOHN M
333 SE 2ND STREET
BELLE GLADE, FL 33430 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: MCMILLAN, SUSAN
Address: 425 SE 2ND STREET
City-St-Zip: BELLE GLADE, FL 33430 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 Statues.

SIGNATURE: SUSAN MCMILLAN MGMR 01/04/2012

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