2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2012
Secretary of State

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Entity Name: OSCEOLA MEDICAL CLINIC LLC

Current Principal Place of Business:

2499 TRAFALGER BLVD
KISSIMMEE, FL 34758

New Principal Place of Business:

Current Mailing Address:

P O BOX 691089
ORLANDO, FL 32869

New Mailing Address:

FEI Number: 27-2265664 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THURDEKOOS, CARLOS
2499 TRAFALGER BLVD
KISSIMMEE, FL 34758 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: OSCEOLA MEDICAL CARE LLC
Address: P O BOX 691089
City-St-Zip: ORLANDO, FL 32869

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: CARLOS THURDEKOOS MBR 03/26/2012

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