

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000044740

FILED
Jan 18, 2011
Secretary of State

Entity Name: SHS MEDICAL CENTER OF HOMESTEAD, LLC

Current Principal Place of Business:

2151 S. LE JEUNE ROAD SUTIE 202
CORAL GABLES, FL 33134

New Principal Place of Business:

2151 S. LE JEUNE ROAD SUITE 202
CORAL GABLES, FL 33134

Current Mailing Address:

2151 S. LE JEUNE ROAD SUTIE 202
CORAL GABLES, FL 33134

New Mailing Address:

2151 S. LE JEUNE ROAD SUITE 202
CORAL GABLES, FL 33134

FEI Number: 27-2470528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVAREZ, NICOLAS R
2151 S. LE JEUNE ROAD SUTIE 202
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

ALVAREZ, NICOLAS R
2151 S. LE JEUNE ROAD SUITE 202
CORAL GABLES, FL 33134 US

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: NICOLAS R. ALVAREZ

01/18/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM

Name: SOLERA HEALTH SYSTEMS, LLC

Address: 2151 S. LE JEUNE ROAD SUITE 202

City-St-Zip: CORAL GABLES, FL 33134

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: NICOLAS R. ALVAREZ

MGRM

01/18/2011

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