

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000092349

**FILED
Apr 08, 2011
Secretary of State**

Entity Name: LEVINSON MEDICAL CENTER AT COOPER CITY, LLC.

Current Principal Place of Business:

8673 STIRLING ROAD
COOPER CITY, FL 33328

New Principal Place of Business:

Current Mailing Address:

8673 STIRLING ROAD
COOPER CITY, FL 33328

New Mailing Address:

FEI Number: 27-3398614 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LEVINSON, CATHERINE E
17011 PINES BOULEVARD
PEMBROKE PINES, FL 33027 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: MGR
Name: LEVINSON, CATHERINE E
Address: 17011 PINES BOULEVARD
City-St-Zip: PEMBROKE PINES, FL 33027

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: CATHERINE E. LEVINSON MGR 04/08/2011

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