

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000112144

FILED
Aug 29, 2012
Secretary of State

Entity Name: REVIVE MEDICAL CENTER LLC

Current Principal Place of Business:

4324 W. NORTH B STREET
TAMPA, FL 33609 US

New Principal Place of Business:

Current Mailing Address:

4324 W. NORTH B STREET
TAMPA, FL 33609 US

New Mailing Address:

PO BOX 15241
TAMPA, FL 33684 US

FEI Number: 27-3785809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FONSECA, ROLANDO
4324 W. NORTH B STREET
TAMPA, FL 33609 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: FONSECA, ROLANDO
Address: 4324 W. NORTH B STREET
City-St-Zip: TAMPA, FL 33609 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: ROLANDO FONSECA

MGR

08/29/2012

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