

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000013976

**FILED
Mar 22, 2012
Secretary of State**

Entity Name: OPEN ARMS MEDICAL CENTER AT HAWTHORNE, LLC

Current Principal Place of Business:

6435 SE HWY 301
HAWTHORNE, FL 32640

New Principal Place of Business:

Current Mailing Address:

6435 SE HWY 301
HAWTHORNE, FL 32640

New Mailing Address:

FEI Number: 27-2245621 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CREGHAN, BRIAN C
21201 NE 51ST AVE
EARLETON, FL 32631 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: CREGHAN, BRIAN C
Address: 21201 NE 51ST AVE
City-St-Zip: EARLETON, FL 32631

Title: MGRM
Name: O'CONNOR, JAMES C
Address: 746 NE 95TH ST
City-St-Zip: MIAMI SHORES, FL 33138

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: BRIAN C. CREGHAN

PAC

03/22/2012

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