

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000090966

FILED
Mar 14, 2012
Secretary of State

Entity Name: UCF MEDICAL CENTER, LLC

Current Principal Place of Business:

6850 LAKE NONA BLVD.
ORLANDO, FL 32827

New Principal Place of Business:

Current Mailing Address:

6850 LAKE NONA BLVD.
ORLANDO, FL 32827

New Mailing Address:

FEI Number: 43-3078111

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLE, W. SCOTT ESQ.
4000 CENTRAL FLORIDA BLVD., MILLICAN HALL
360
ORLANDO, FL 32816 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: HITT, JOHN PHD
Address: 4000 CENTRAL FLORIDA BLVD
City-St-Zip: ORLANDO, FL 32816

Title: MGR
Name: GERMAN, DEBORAH C MD
Address: 6850 LAKE NONA BLVD
City-St-Zip: ORLANDO, FL 32827

Title: MGR
Name: MERCK, WILLIAM F II
Address: 4000 CENTRAL FLORIDA BLVD
City-St-Zip: ORLANDO, FL 32816

Title: MGRM
Name: CENTRAL FLORIDA CLINICAL PRACTICE ORGANIZA
Address: 6580 LAKE NONA BLVD
City-St-Zip: ORLANDO, FL 32827

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: DEBORAH C. GERMAN, MD

PRES

03/14/2012

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