

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000091432

Entity Name: CPS MEDICAL CENTER, LLC

FILED
Jan 27, 2012
Secretary of State

Current Principal Place of Business:

4023 N ARMENIA AVE
220
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

4023 N ARMENIA AVE
220
TAMPA, FL 33607

New Mailing Address:

FEI Number: 45-2956631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANILO A GONZALEZ ALFONSO
3308 W SAINT LOUIS ST
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

ALFONSO, LEOVAN
4023 N ARMENIA AVE
220
TAMPA, FL 33607 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: LEOVAN ALFONSO

01/27/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: MOONEY, ALBERTO
Address: 4023 N ARMENIA AVE # 220
City-St-Zip: TAMPA, FL 33607

Title: MGR
Name: ALFONSO, LEOVAN
Address: 4023 N ARMENIA AVE # 220
City-St-Zip: TAMPA, FL 33607

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: LEOVAN ALFONSO

MGR

01/27/2012

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