

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000114836

FILED
Aug 28, 2012
Secretary of State

Entity Name: MPN MEDICAL CENTER PLANT CITY, LLC

Current Principal Place of Business:

1601 WEST REYNOLDS STREET
SUITE 104
PLANT CITY, FL 33563

New Principal Place of Business:

Current Mailing Address:

19323 AQUA SPRINGS DRIVE
LUTZ, FL 33558

New Mailing Address:

2607 WINDGUARD CIRCLE
SUITE 101
WELSEY CHAPEL, FL 33544

FEI Number: 45-3645547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAMRATA, AMIN
1601 WEST REYNOLDS STREET
PLANT CITY, FL 33563 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: MGE
Name: AMIN, NAMRATA
Address: 19323 AQUA SPRINGS DRIVE
City-St-Zip: LUTZ, FL 33558

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: NAMRATA AMIN

MGE

08/28/2012

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