


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90244 044 \*\*\*\*50.00

|  |   |  |   |  |  |
|--|---|--|---|--|--|
| <b>DOCUMENT # L99000005916</b><br>1. Entity Name<br>EURO MEDICAL CENTER, L.L.C.  |   |  |   |   |  |
| Principal Place of Business<br>242 LOCK LOMOND DR.<br>WINTER PARK, FL 32792  |   |  | Mailing Address<br>20 N. ORANGE AVE<br>STE 600<br>ORLANDO, FL 32801 |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |   |  | 3. Mailing Address<br>Suite, Apt. #, etc.                           |  |  |
| City & State   |   |  | City & State  |  |  |
| Zip  |   | Country  |   | 4. FEI Number<br>59-3598808  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |   |  |   | Applied For<br>Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br>HENDRY, STONER, DELANCETT & BROWN P.A.<br>20 N. ORANGE AVENUE<br>SUITE 600<br>ORLANDO, FL 32801   |   |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Hendry, Stoner, Calandrino & Brown, P.A.<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent. <u>Hendry, Stoner, Calandrino &amp; Brown, P.A.</u><br>SIGNATURE <u>By: [Signature] 2/6/06</u><br><small>(NOTE: Registered Agent signature required when reinstating)</small>  |   |  |   |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |   | <b>Make check payable to<br/>Florida Department of State</b> |   |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |  | 10. ADDITIONS/CHANGES   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>DEBAISE, ARTHUR J M.D.<br>4087 WATERVIEW LOOP<br>WINTER PARK, FL 32792 | <input type="checkbox"/> Delete                              |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                              |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                              |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                              |   |  |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                              |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                              |   |  |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>[Signature]</u> 2/6/06 407-539-3455<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   |  |   |  |  |

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