



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90334 007 ***138.75

| | | | | | |
|--|---|---|---|---|--|
| DOCUMENT # L99000005916 1. Entity Name EURO MEDICAL CENTER, L.L.C. | | | |  | |
| Principal Place of Business 242 LOCK LOMOND DR. WINTER PARK, FL 32792 | | | Mailing Address 20 N. ORANGE AVE STE 600 ORLANDO, FL 32801 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip Country | | City & State Zip Country | | 4. FEI Number 59-3598808 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div> | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | 02162008 Chg-LLC CR2E083 (12/06) | |
| 6. Name and Address of Current Registered Agent HENDRY, STONER, CALANDRINO & BROWN, P.A. 20 N. ORANGE AVENUE SUITE 600 ORLANDO, FL 32801 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DEBAISE, ARTHUR J M.D. 4087 WATERVIEW LOOP WINTER PARK, FL 32792 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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:  | | | 2-27-08 407.539.3455 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date Daytime Phone # | | |