

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000008171

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

**Entity Name:** OAKTREE MEDICAL CENTER, L.C.

**Current Principal Place of Business:**

4620 NORTH HABANA AVE., STE. 203  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 152495  
TAMPA, FL 33684

**New Mailing Address:**

**FEI Number:** 59-3610305

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

YANGCO, JADWIGA K  
4620 NORTH HABANA AVE., STE. 203  
TAMPA, FL 33614 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:** YANGCO, BIENVENIDO G  
**Address:** 4620 NORTH HABANA AVE., STE. 203  
**City-St-Zip:** TAMPA, FL 33614

**Title:** MGR  
**Name:** YANGCO, JADWIGA K  
**Address:** 4620 NORTH HABANA AVE., STE. 203  
**City-St-Zip:** TAMPA, FL 33614

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:** JADWIGA K. YANGCO

MGR.

03/30/2011

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