

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000008207

FILED  
Mar 29, 2011  
Secretary of State

**Entity Name:** LITTLE FOREST MEDICAL CENTER, LLC

**Current Principal Place of Business:**

950 GALLEON DRIVE  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

950 GALLEON DRIVE  
NAPLES, FL 34102

**New Mailing Address:**

FEI Number: 34-1120588

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GIBSON, GREGORY J  
780 5TH AVE. S  
NAPLES, FL 34102 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: MGRM  
Name: POTTS, PATRICIA C  
Address: 950 GALLEON DRIVE  
City-St-Zip: NAPLES, FL 34102

Title: MGRM  
Name: TRACEY, SHARI  
Address: 10600 SIX PINES DR.  
City-St-Zip: WOODLANDS, TX 77380

Title: MGR  
Name: GIBSON, GREGORY J  
Address: 780 5TH AVE #203  
City-St-Zip: NAPLES, FL 34102

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: GREGORY GIBSON

MGR

03/29/2011

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