

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000008207

FILED
Aug 28, 2012
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 J GIBSON

MGR

08/28/2012

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