

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M06000000786

FILED
Aug 13, 2007
Secretary of State

Entity Name: ST. CLOUD PHYSICIAN MANAGEMENT, LLC

Current Principal Place of Business:

% HEALTH MANAGEMENT ASSOCIATES, INC.
5811 PELICAN BAY BOULEVARD, SUITE 500
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

% HEALTH MANAGEMENT ASSOCIATES, INC.
5811 PELICAN BAY BOULEVARD, SUITE 500
NAPLES, FL 34108

New Mailing Address:

FEI Number: 20-4223288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: P () Delete
Name: BARBER, JAMES A
Address: 5811 PELICAN BAY BOULEVARD, SUITE 500
City-St-Zip: NAPLES, FL 34108

Title: VPS () Delete
Name: PARRY, TIMOTHY R
Address: 5811 PELICAN BAY BOULEVARD, SUITE 500
City-St-Zip: NAPLES, FL 34108

Title: VP () Delete
Name: DUNKER, CRAIG
Address: 5811 PELICAN BAY BOULEVARD, SUITE 500
City-St-Zip: NAPLES, FL 34108

Title: T () Delete
Name: STUMBO, SCOTT
Address: 5811 PELICAN BAY BOULEVARD, SUITE 500
City-St-Zip: NAPLES, FL 34108

Title: MGRM () Delete
Name: OSCEOLASC, LLC,
Address: 5811 PELICAN BAY BOULEVARD, SUITE 500
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: BARB, THOMAS D
Address: 5811 PELICAN BAY BOULEVARD, SUITE 500
City-St-Zip: NAPLES, FL 34108

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: BARBER, JAMES A
Address: 5811 PELICAN BAY BOULEVARD, SUITE 500
City-St-Zip: NAPLES, FL 34108

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: TIMOTHY R. PARRY

VPS

08/13/2007

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