

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000786

FILED
Apr 24, 2009
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:

C/O HMA LEGAL DEPARTMENT
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 (X)

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: BARB, THOMAS D
Address: 5811 PELICAN BAY BOULEVARD, SUITE 500
City-St-Zip: NAPLES, FL 34108

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

Title: VP (X) Delete
Name: MCLEMORE, STANLEY D
Address: 5811 PELICAN BAY BOULEVARD, SUITE 500
City-St-Zip: NAPLES, FL 34108

Title: T (X) Delete
Name: BRYANT, GARY S
Address: 5811 PELICAN BAY BOULEVARD, SUITE 500
City-St-Zip: NAPLES, FL 34108

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HOSPITAL MANAGMENT ASSOCIATES, INC.
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:

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

SVP

04/24/2009

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