

2011

ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: OSCEOLASC, LLC

Current Principal Place of Business:

C/O HEALTH MANAGEMENT ASSOCIATES, INC.
5811 PELICAN BAY BOULEVARD, SUITE 500
NAPLES, FL 34108

New Principal Place of Business:

2906 17TH STREET
ST. CLOUD, FL 34769

Current Mailing Address:

C/O HMA LEGAL DEPARTMENT
5811 PELICAN BAY BOULEVARD, SUITE 500
NAPLES, FL 34108

New Mailing Address:

FEI Number: 20-3728235 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

OFFICERS AND DIRECTORS:

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

Title: T
Name: ACKER, CARMEN
Address: 2906 17TH STREET
City-St-Zip: ST. CLOUD, FL 34769

Title: VP
Name: PUTTER, JOSHUA S
Address: 5811 PELICAN BAY BOULEVARD, SUITE 500
City-St-Zip: NAPLES, FL 34108

Title: D
Name: HODGES, KARL
Address: 1414 KUHL AVENUE
City-St-Zip: ORLANDO, FL 32806

Title: AT
Name: SHAW, MARLIN K
Address: 5811 PELICAN BAY BOULEVARD, #500
City-St-Zip: NAPLES, FL 34108

Title: MGR
Name: HOSPITAL MANAGEMENT ASSOCIATES, INC.
Address: 5811 PELICAN BAY BOULEVARD, SUITE 500
City-St-Zip: NAPLES, FL 34108

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY R. PARRY

SVP

03/24/2011

Electronic Signature of Signing Officer or Director

Date