FILE NOW: Fee after May 1, will be $263.75

APPROVED AND FILED

95 FEB 22 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE $ 238.75	Annual Report $100.00 + $138.75 Corporation Supplemental Fee
	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # 200124

WOODLAWN MEDICAL CENTER, L.C.
2100 16TH STREET NORTH
ST. PETERSBURG FL 33704

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

1a. Principal Place of Business Address

2100 16TH STREET NORTH
ST. PETERSBURG FL 33704

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

2a. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip | Country

3. Date Organized or Qualified: 09/18/1989

3a. State of Formation: FL

4. FEI Number: 59-2493390

☐ Applied For
☐ Not Applicable

5. Date of Last Report: 03/31/1994

6. Certificate of Status Desired
$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

RICHFIELD, MARIE T.
2100 - 16TH STREET NORTH
ST. PETERSBURG FL 33704

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City | FL | Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MB	PELL, DONALD M.	2106 16 ST. NORTH	ST PETERSBURG FL
MB	RICHFIELD, MARIE T.	2106 16 ST. NORTH	ST PETERSBURG FL
MB	SIMMLER, DON	2106 16 ST. NORTH	ST PETERSBURG FL

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****238.75 ****238.75

SS
2/22/95

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Marie T. Richfield 1/23/95 (813)8945564

SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

INTISE10 R(12-04)