

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# Z00124

FILED
Jan 13, 2006
Secretary of State

Entity Name: WOODLAWN MEDICAL CENTER, L.C.

Current Principal Place of Business:

2100 16TH STREET NORTH
ST. PETERSBURG, FL 33704

New Principal Place of Business:

Current Mailing Address:

2100 16TH STREET NORTH
ST. PETERSBURG, FL 33704

New Mailing Address:

FEI Number: 59-2968703

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMRICH, ROBERT H
2100 - 16TH STREET NORTH
ST. PETERSBURG, FL 33704 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: MGR () Delete
Name: PELL, DONALD M
Address: 2106 16 ST. NORTH
City-St-Zip: ST PETERSBURG, FL 33704

Title: MGR () Delete
Name: HAMRICH, ROBERT H JR
Address: 2100 16TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33704

Title: MGR () Delete
Name: SIMMLER, DON
Address: 2106 16 ST. NORTH
City-St-Zip: ST PETERSBURG, FL 33704

ADDITIONS/CHANGES:

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 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: ROBERT H. HAMRICH JR.

MGR

01/13/2006

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