

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000037808

Entity Name: METROWEST MEDICAL CENTER, LLC**Current Principal Place of Business:**1781 PARK CENTER DR
ORLANDO, FL 32835**Current Mailing Address:**7251 UNIVERSITY BLVD
SUITE 300
WINTER PARK, FL 32792**FEI Number:** 20-1140450**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HARDING, ROBERT LESQ
20 N EOLA DR
ORLANDO, FL 32801 US*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**Authorized Person(s) Detail :**Title MGRM
Name MOKRIS, MICHAEL SMD
Address 1781 PARK CENTER DR
City-State-Zip: ORLANDO FL 32835Title MGRM
Name REESE, BRADLEY RMD
Address 1781 PARK CENTER DR
City-State-Zip: ORLANDO FL 32835Title MGRM
Name HUHN, JOHN FMD
Address 1781 PARK CENTER DR
City-State-Zip: ORLANDO FL 32835Title MGRM
Name AUERBACH, DAVID BDO
Address 1781 PARK CENTER DR
City-State-Zip: ORLANDO FL 32835Title MGRM
Name CLIFFORD B DUBBIN FAMILY LTD
Address 1781 PARK CENTER DR
City-State-Zip: ORLANDO FL 32835

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN F HUHN**MEMBER****04/04/2018**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date