

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000032561

Entity Name: VOLUSIA MEDICAL CENTER, LLC

Current Principal Place of Business:

161 N CAUSEWAY
SUITE A
NEW SMYRNA BEACH, FL 32169

Current Mailing Address:

161 N CAUSEWAY
SUITE A
NEW SMYRNA BEACH, FL 32169

FEI Number: 20-8603389

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LUONG, PRISCILLA
161 N CAUSEWAY
SUITE A
NEW SMYRNA BEACH, FL 32169 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 MGR
Name LUONG, PRISCILLA
Address 161 N CAUSEWAY, SUITE A
City-State-Zip: NEW SMYRNA BEACH FL 32169

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: PRISCILLA LUONG

MGR

01/28/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date