2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2015
Secretary of State
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Entity Name: SHILOH HEALTH SYSTEM, LLC.

Current Principal Place of Business:

8900 N. ARMENIA AVENUE
TAMPA, FL 33604

Current Mailing Address:

P.O. BOX 270502
TAMPA, FL 33688

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OGUNDOGBA, ADELEKE
10873 CORY LAKE DRIVE
TAMPA, FL 33647 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	Title	MGRM
Name	BANJOKO, STEPHEN O	Name	OGUNDOGBA, ADELEKE A
Address	P. O. BOX 270502	Address	P. O. BOX 270502
City-State-Zip:	TAMPA FL 33688	City-State-Zip:	TAMPA FL 33688

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: STEPHEN BANJOKO CFO 04/30/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date