2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2016
Secretary of State
CC2696959234

DOCUMENT# L11000090966

Entity Name: UCF MEDICAL CENTER, LLC

Current Principal Place of Business:

6850 LAKE NONA BLVD.
ORLANDO, FL 32827

Current Mailing Address:

6850 LAKE NONA BLVD.
ORLANDO, FL 32827

FEI Number: 45-3078111

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COLE, W. SCOTT ESQ.
4365 ANDROMEDA LOOP N.
STE 360
ORLANDO, FL 32816 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	HITT, JOHN PHD
Address	4365 ANDROMEDA LOOP N.
City-State-Zip:	ORLANDO FL 32816

Title	MGR
Name	GERMAN, DEBORAH C MD
Address	6850 LAKE NONA BLVD.
City-State-Zip:	ORLANDO FL 32827

Title	MGR
Name	MERCK, WILLIAM F II
Address	4365 ANDROMEDA LOOP N.
City-State-Zip:	ORLANDO FL 32816

Title	MGRM
Name	CENTRAL FLORIDA CLINICAL PRACTICE ORGANIZATION, INC
Address	6850 LAKE NONA BLVD.
City-State-Zip:	ORLANDO FL 32827

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: JEANETTE C. SCHREIBER SECRETARY OF MGRM 03/29/2016

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