**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Mar 07, 2016**
**Secretary of State**
**CC7218157729**

DOCUMENT# L13000122305

**Entity Name:** GUSTO MEDICAL CENTER, L.L.C.

**Current Principal Place of Business:**

642 VERROCCHIO DRIVE
NOKOMIS, FL 34275

**Current Mailing Address:**

642 VERROCCHIO DRIVE
NOKOMIS, FL 34275

**FEI Number: 46-3664660**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HAIGHT, ROBERT
642 VERROCCHIO DRIVE
NOKOMIS, FL 34275 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 | HAIGHT, ROBERT |
| Address | 642 VERROCCHIO DRIVE |
| City-State-Zip: | NOKOMIS FL 34275 |

*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: ROBERT HAIGHT 03/07/2016

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