2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2016
Secretary of State
CC5833379490

DOCUMENT# L14000086514

Entity Name: CENTRAL FLORIDA INPATIENT HOSPITAL CO-MANAGEMENT COMPANY, LLC

Current Principal Place of Business:

600 E. DIXIE AVENUE
LEESBURG, FL 34748

Current Mailing Address:

600 E. DIXIE AVENUE
LEESBURG, FL 34748 US

FEI Number: 47-1165465

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRAUN, PHILIP J
715 W. OAK TERRACE DRIVE
LEESBURG, FL 34748 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	AMBR	Title	AMBR
Name	LEESBURG REGIONAL MEDICAL CENTER, INC.	Name	THE VILLAGES TRI-COUNTY MEDICAL CENTER,INC
Address	600 EAST DIXIE AVENUE	Address	1451 EL CAMINO REAL
City-State-Zip:	LEESBURG FL 34748	City-State-Zip:	THE VILLAGES FL 32159

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: PHILIP J. BRAUN RA 03/09/2016

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