

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000086514

**FILED  
Apr 08, 2015  
Secretary of State  
CC5050658340**

**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

04/08/2015

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date