

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000005660

**Entity Name:** TAMPA BAY MEDICAL CENTER, LLC

**Current Principal Place of Business:**

5111 N ARMENIA AVENUE  
TAMPA, FL 33603

**Current Mailing Address:**

5111 N ARMENIA AVENUE  
TAMPA, FL 33603 US

**FEI Number: 38-3988034**

**Certificate of Status Desired: No**

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

GARCIA, ROLANDO MD  
4614 RIDGECLIFF DRIVE  
BRANDON, FL 33511 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, DIRECTOR	Title	AMBR, MANAGER
Name	GARCIA, ROLANDO MD	Name	GARCIA, ELIZABETH
Address	5111 N ARMENIA AVENUE	Address	5111 N ARMENIA AVENUE
City-State-Zip:	TAMPA FL 33603	City-State-Zip:	TAMPA FL 33603

*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: ROLANDO GARCIA**

**MD/OWNER**

**01/31/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date