

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000078323

FILED  
Jan 11, 2006  
Secretary of State

Entity Name: CANTONMENT MEDICAL CENTER, L.L.C.

**Current Principal Place of Business:**

748 HIGHWAY 29  
CANTONMENT, FL 32533

**New Principal Place of Business:**

748 HIGHWAY 29 N  
CANTONMENT, FL 32533

**Current Mailing Address:**

748 HIGHWAY 29  
CANTONMENT, FL 32533

**New Mailing Address:**

748 HIGHWAY 29 N  
CANTONMENT, FL 32533

FEI Number: 81-0657750

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SALIB, FADEL A MD  
748 HIGHWAY 29  
CANTONMENT, FL 32533 US

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

SALIB, FADEL A MD  
748 HIGHWAY 29 N  
CANTONMENT, FL 32533 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:

01/11/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SALIB, FADEL A MD  
Address: 748 HIGHWAY 29  
City-St-Zip: CANTONMENT, FL 32533

Title: MGR ( ) Delete  
Name: SALIB, MARY Y MD  
Address: 748 HIGHWAY 29  
City-St-Zip: CANTONMENT, FL 32533

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SALIB, FADEL A MD  
Address: 748 HIGHWAY 29 N  
City-St-Zip: CANTONMENT, FL 32533

Title: MGR (X) Change ( ) Addition  
Name: SALIB, MARY Y MD  
Address: 748 HIGHWAY 29 N  
City-St-Zip: CANTONMENT, FL 32533

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: FADEL A SALIB, MD

MGR

01/11/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date