


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90118 020 ***138.75

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DOCUMENT # L04000086811			
1. Entity Name A.I., L.L.C.		Principal Place of Business 1717 N. E STREET PENSACOLA, FL 32501 US	
Mailing Address 1717 N E ST PENSACOLA, FL 32501 US		2. Principal Place of Business - No P.O. Box # 1717 N. "E" St.	
3. Mailing Address 1717 N. "E" St.		Suite, Apt. #, etc. Ste. 320	
City & State Pensacola, FL		City & State Pensacola, FL	
Zip 32501		Country USA	
4. FEI Number 20-2137733		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BEGGS & LANE, RLLP 501 COMMENDENCIA STREET PENSACOLA, FL 32502		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$138.75		Make check payable to Florida Department of State	
After May 1, 2008 Fee will be \$538.75			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BAPTIST HOSPITAL, INC. 1717 N E ST STE 320 PENSACOLA, FL 32501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FELKNER, JOSEPH G 1717 N E ST STE 320 PENSACOLA, FL 32501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Joyce Kehoe</u>		Baptist Hospital, Inc. Asst. Sec. 4/7/08 850/469-2345	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	