


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90068 038 ****50.00

DOCUMENT # L05000105974

1. Entity Name
CURLEW MEDICAL CENTER LLC



Principal Place of Business
 24761 US HWY 19 N
 SUITE 630
 CLEARWATER, FL 33763 US

Mailing Address
 24761 US HWY 19 N
 SUITE 630
 CLEARWATER, FL 33763 US



2. Principal Place of Business - No P.O. Box #
2430 Estancia Blvd
 Suite, Apt. #, etc.
Suite 108

3. Mailing Address
2430 Estancia Blvd
 Suite, Apt. #, etc.
Suite 108

04242007 Chg-LLC CR2E083 (12/06)

City & State
Clearwater, FL

City & State
Clearwater, FL

Zip
33761 Country **US**

Zip
33761 Country **US**

4. FEI Number
20-3726536

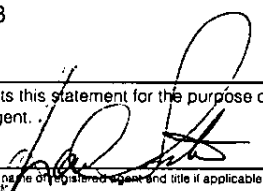
Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
SCOURTAS, LOUIS C
 24761 US HWY 19 N
 SUITE 630
 CLEARWATER, FL 33763

7. Name and Address of New Registered Agent
 Name
SCOURTAS, LOUIS C.
 Street Address (P.O. Box Number is Not Acceptable)
2430 Estancia Blvd.
Suite 108
 City
Clearwater FL Zip Code
33761

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  **LOUIS C. SCOURTAS** DATE **4/24/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KASZUBA, ROBERT 24761 US HWY 19 N SUITE 630 CLEARWATER, FL 33763	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BHASKAR, VARUN 24761 US HWY 19 N SUITE 630 CLEARWATER, FL 33763	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOYAL, ANOOP 24761 US HWY 19 N SUITE 630 CLEARWATER, FL 33763	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAARTZ, BRENT 24761 US HWY 19 N SUITE 630 CLEARWATER, FL 33763	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SLONE, SHERMAN 24761 US HWY 19 N SUITE 630 CLEARWATER, FL 33763	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Kaszuba, Robert 2430 Estancia Blvd. Suite 108 Clearwater, FL 33761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Bhaskar, Varun 2430 Estancia Blvd. Suite 108 Clearwater, FL 33761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Goyal, Anoop 2430 Estancia Blvd. Suite 108 Clearwater, FL 33761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Laartz, Brent 2430 Estancia Blvd. Suite 108 Clearwater, FL 33761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Slone, Sherman 2430 Estancia Blvd. Suite 108 Clearwater, FL 33761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DATE **04/26/07** DAYTIME PHONE # **727-216-0505**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE