


FILED
May 19, 2004 8:00 am
Secretary of State

04-20-2004 90181 001 ****50.00

**2004 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # M02000001712			
1. Entity Name LEE COUNTY MEDICAL INVESTORS, LLC			
Principal Place of Business 3570 KEITH STREET N.W. CLEVELAND, TN 37312		Mailing Address 3570 KEITH STREET N.W. CLEVELAND, TN 37312	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
4. FEI Number APPLIED FOR 75-3071536		Applied For Not Applicable	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESTON, FORREST L	NAME	
STREET ADDRESS	3570 KEITH STREET N.W.	STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND, TN 37312	CITY-ST-ZIP	
TITLE	VST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAYTON, ANGELENA Y	NAME	
STREET ADDRESS	3570 KEITH STREET N.W.	STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND, TN 37312	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSS, CINDY S	NAME	
STREET ADDRESS	3570 KEITH STREET N.W.	STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND, TN 37312	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THURMOND, JOAN E	NAME	
STREET ADDRESS	3570 KEITH STREET N.W.	STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND, TN 37312	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Joan E. Thurmond</i>		Date: 4-12-04 Daytime Phone #: (423) 473-5868	
SIGNATURE AND EXACT OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			
<i>Joan E. Thurmond, Asst. Secretary</i>			

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