


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Mar 30, 2007 08:00 AM
Secretary of State**

DOCUMENT # M02000001712 1. Entity Name LEE COUNTY MEDICAL INVESTORS, LLC	
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Principal Place of Business 3570 KEITH STREET N.W. CLEVELAND, TN 37312	Mailing Address 3570 KEITH STREET N.W. CLEVELAND, TN 37312
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DO NOT WRITE IN THIS SPACE



01112007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 75-3071536	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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRESTON, FORREST L 3570 KEITH STREET N.W. CLEVELAND, TN 37312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST CLAYTON, ANGELENA Y 3570 KEITH STREET N.W. CLEVELAND, TN 37312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CROSS, CINDY S 3570 KEITH STREET N.W. CLEVELAND, TN 37312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS THURMOND, JOAN E 3570 KEITH STREET N.W. CLEVELAND, TN 37312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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04/06/07-80004-016 50.00

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: Joan E. Thurmond Date: 3/29/07 Daytime Phone #: (423) 473-5868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Joan E. Thurmond, Assistant Secretary