

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 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



01232008No Chg-LLC CR2E083 (12/07)

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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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)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000910294
 05/06/08-80105-004 138.75

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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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: 4-14-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Joan E. Thurmond, Assistant Secretary

MOB 000001712

EXHIBIT "A"

Lee County Medical Investors, LLC
3570 Keith Street, NW
Cleveland, TN 37312

Members

Forrest L. Preston	3570 Keith Street, NW	Cleveland, TN 37312
Developers Investment Company II, Inc.	3570 Keith Street, NW	Cleveland, TN 37312
James Michael Breuler	3570 Keith Street, NW	Cleveland, TN 37312

Officers

Chief Manager	Forrest L. Preston	3570 Keith Street, NW	Cleveland, TN 37312
Vice President / Secretary / Treasurer	Angelena Y. Clayton	3570 Keith Street, NW	Cleveland, TN 37312
Assistant Secretary	Cindy S. Cross	3570 Keith Street, NW	Cleveland, TN 37312
Assistant Secretary	Joan E. Thurmond	3570 Keith Street, NW	Cleveland, TN 37312