

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001712

FILED
Jan 27, 2010
Secretary of State

Entity Name: LEE COUNTY MEDICAL INVESTORS, LLC

Current Principal Place of Business:

3570 KEITH STREET N.W.
CLEVELAND, TN 37312

New Principal Place of Business:

Current Mailing Address:

3570 KEITH STREET N.W.
CLEVELAND, TN 37312

New Mailing Address:

FEI Number: 75-3071536

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: PRESTON, FORREST L
Address: 3570 KEITH STREET N.W.
City-St-Zip: CLEVELAND, TN 37312

Title: VST
Name: CROOKS, JOANNA
Address: 3570 KEITH STREET N.W.
City-St-Zip: CLEVELAND, TN 37312

Title: AS
Name: CROSS, CINDY S
Address: 3570 KEITH STREET N.W.
City-St-Zip: CLEVELAND, TN 37312

Title: AS
Name: THURMOND, JOAN E
Address: 3570 KEITH STREET N.W.
City-St-Zip: CLEVELAND, TN 37312

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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, ASSISTANT SECRETARY

AS

01/27/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date