


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 23, 2006 8:00 am
Secretary of State

06-23-2006 90139 004 ****50.00

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| DOCUMENT # M02000001949 |  |
| 1. Entity Name DUVAL MEDICAL INVESTORS, LLC | |

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| Principal Place of Business 3570 KEITH STREET NW CLEVELAND, TN 37312 | Mailing Address 3570 KEITH STREET NW CLEVELAND, TN 37312 |
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40096864



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05182006 No Chg-LLC CR2E083 (11/05)

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| 4. FEI Number 27-0023082 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

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| 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)

Filing Fee is \$50.00
Due by September 6, 2006

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PRESTON, FORREST L 3570 KEITH STREET NW CLEVELAND, TN 37312 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DEVELOPERS INVESTMENT COMPANY II, INC. 3570 KEITH STREET NW CLEVELAND, TN 37312 |
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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.

Duval Medical Investors, LLC
 By: Developers Investment Company II, Inc., Corporate Manager

SIGNATURE: *Joan E. Thurmond* **6/21/06** **(423) 473-5868**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Joan E. Thurmond, Assistant Secretary of Corporate Manager