

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90003 020 \*\*\*138.75

60055401



01252008 Chg-LLC CR2E083 (12/06)

DOCUMENT # M02000001949			
1. Entity Name DUVAL MEDICAL INVESTORS, LLC			
Principal Place of Business 3570 KEITH STREET NW CLEVELAND, TN 37312		Mailing Address 3570 KEITH STREET NW CLEVELAND, TN 37312	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 27-0023082		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		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRESTON, FORREST L 3570 KEITH STREET NW CLEVELAND, TN 37312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEVELOPERS INVESTMENT COMPANY II, INC. 3570 KEITH STREET NW CLEVELAND, TN 37312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Joan E. Thurmond</u>		Date: <u>4-14-08</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	
Joan E. Thurmond, Assistant Secretary of Corporate Manager			

ATTACHMENT

10039481

# M02000001949

EXHIBIT "A"

**Duval 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

**Corporate Manager**

Developers Investment Company II, Inc.

**Officers**

N/A

**ATTACHMENT**

- 60039481

# M02000001949  
**EXHIBIT "A"**

**Developers Investment Company II, Inc.  
3570 Keith Street, NW  
Cleveland, TN 37312  
(423) 473-5868**

**Officers:**

**President:** Forrest L. Preston 3570 Keith Street, NW Cleveland, TN 37312

**Vice President/  
Treasurer/Secretary:** Angelena Y. Clayton 3570 Keith Street, NW Cleveland, TN 37312

**Assistant Secretary:** Joan E. Thurmond 3570 Keith Street, NW Cleveland, TN 37312

**Assistant Secretary:** Cindy S. Cross 3570 Keith Street, NW Cleveland, TN 37312

**Directors:**

Forrest L. Preston 3570 Keith Street, NW Cleveland, TN 37312

Angelena Y. Clayton 3570 Keith Street, NW Cleveland, TN 37312