


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90182 037 ****50.00

DOCUMENT # M02000002306
1. Entity Name
NEW PORT RICHEY MEDICAL INVESTORS, LLC



Principal Place of Business 3570 KEITH STREET NW CLEVELAND, TN 37312	Mailing Address 3570 KEITH STREET NW CLEVELAND, TN 37312
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DO NOT WRITE IN THIS SPACE



01202004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 73-1656805	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* **4-12-04** **(423) 473-5868**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Joan E. Thurmond, Asst. Secretary