

**2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M02000002306

**FILED  
Jan 27, 2010  
Secretary of State**

**Entity Name:** NEW PORT RICHEY MEDICAL INVESTORS, LLC

**Current Principal Place of Business:**

3570 KEITH STREET NW  
CLEVELAND, TN 37312

**New Principal Place of Business:**

**Current Mailing Address:**

3570 KEITH STREET NW  
CLEVELAND, TN 37312

**New Mailing Address:**

**FEI Number:** 73-1656805      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
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:** MGRM  
**Name:** DEVELOPERS INVESTMENT COMPANY II, INC.  
**Address:** 3570 KEITH STREET NW  
**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, ASST SEC OF CORP MANAGER      AS      01/27/2010

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