


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 03, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000002314 1. Entity Name LC HEALTHCARE HOLDING COMPANY, LLC	
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Principal Place of Business 3570 KEITH STREET, N.W. CLEVELAND, TN 37312	Mailing Address 3570 KEITH STREET, N.W. CLEVELAND, TN 37312
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DO NOT WRITE IN THIS SPACE



07162004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 75-3079050	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

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 8, 2004

U00000171601
09/03/04-80002-023 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRESTON, FORREST L 3570 KEITH STREET, N.W. CLEVELAND, TN 37312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST CLAYTON, ANGELENA Y 3570 KEITH STREET, N.W. CLEVELAND, TN 37312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS CROSS, CINDY S 3570 KEITH STREET, N.W. CLEVELAND, TN 37312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS THURMOND, JOAN E 3570 KEITH STREET, N.W. CLEVELAND, TN 37312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 9/2/04 Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE