


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 23, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # M02000002314

1. Entity Name  
 LC HEALTHCARE HOLDING COMPANY, LLC



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**



01102006 No Chg-LLC CR2E083 (11/05)

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

**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 \_\_\_\_\_ 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 May 1, 2006**

U00000478363  
 04/08/06-80002-023 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	

**DO NOT WRITE IN THIS SPACE**

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: *Joan E Thurmond* 3-14-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Osytone Phone #