


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # M02000002342  
 1. Entity Name  
 INVERRARY MEDICAL INVESTORS, LLC



Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 3570 KEITH STREET NW 3570 KEITH STREET NW  
 CLEVELAND, OH 37312 CLEVELAND, OH 37312

**DO NOT WRITE IN THIS SPACE**



01312005No Chg-LLC CR2E083 (10/03)

4. FEI Number 76-0712497	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  
 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 \_\_\_\_\_ 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, 2005**


9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PRESTON, FORREST L 3570 KEITH STREET NW CLEVELAND, OH 37312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST CLAYTON, ANGELENA Y 3570 KEITH STREET NW CLEVELAND, OH 37312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS CROSS, CINDY S 3570 KEITH STREET NW CLEVELAND, OH 37312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS THURMOND, JOAN E 3570 KEITH STREET NW CLEVELAND, OH 37312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000280896  
 03/30/05-80037-012 50.00

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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)(f), 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 609, Florida Statutes.

SIGNATURE: Joan E Thurmond  **MAR 11 2005**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #