


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 23, 2006 8:00 am
Secretary of State

06-23-2006 90139 007 ****50.00

DOCUMENT # M02000002762 1. Entity Name ESCAMBIA MEDICAL INVESTORS, LLC	
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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

40096861



05192006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 33-1025554	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**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 September 6, 2006**

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

Escambia Medical Investors, LLC
By: Developers Investment Company, Inc., Corporate Manager

SIGNATURE:  **6/21/06** (Date) **(423) 473-5868** (Daytime Phone #)

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

Joan E. Thurmond, Assistant Secretary of Corporate Manager