

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90003 019 ***138.75

DOCUMENT # M03000001313

1. Entity Name
 PALM BAY MEDICAL INVESTORS, LLC



Principal Place of Business
 3570 KEITH STREET, NW
 CLEVELAND, TN 37320-3480

Mailing Address
 3570 KEITH STREET, NW
 CLEVELAND, TN 37320-3480

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

60039482



01252008 Chg-LLC CR2E083 (12/06)

4. FEI Number
42-1588892

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State
---	--	--

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PRESTON, FORREST L 3570 KEITH STREET, NW CLEVELAND, TN 373203480 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Chief Manager Forrest L. Preston 3570 Keith Street, NW Cleveland, TN 37312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DEVELOPERS' INVESTMENT COMPANY II, INC. 3570 KEITH STREET, NW CLEVELAND, TN 373203480 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/Secretary/Treasurer Angelena Y. Clayton 3570 Keith Street, NW Cleveland, TN 37312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Assistant Secretary Cindy S. Cross 3570 Keith Street, NW Cleveland, TN 37312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Assistant Secretary Joan E. Thurmond 3570 Keith Street, NW Cleveland, TN 37312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Date: 4-14-08

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

Joan E. Thurmond, Assistant Secretary

ATTACHMENT

- 60039482

M03000001313

EXHIBIT "A"

**Palm Bay Medical Investors, LLC
3570 Keith Street, NW
Cleveland, TN 37312**

Members

Forrest L. Preston	3570 Keith Street, NW	Cleveland, TN 37312
Developers Investment Company II, Inc.	3570 Keith Street, NW	Cleveland, TN 37312
Cathy Murray	3570 Keith Street, NW	Cleveland, TN 37312
Nancy McGoldrick	3570 Keith Street, NW	Cleveland, TN 37312
Stan Burton	3570 Keith Street, NW	Cleveland, TN 37312

Officers

Chief Manager	Forrest L. Preston	3570 Keith Street, NW	Cleveland, TN 37312
VP/Secretary/ Treasurer	Angelena Y. Clayton	3570 Keith Street, NW	Cleveland, TN 37312
Assistant Secretary	Cindy S. Cross	3570 Keith Street, NW	Cleveland, TN 37312
Assistant Secretary	Joan E. Thurmond	3570 Keith Street, NW	Cleveland, TN 37312