

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001313

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: PALM BAY MEDICAL INVESTORS, LLC

**Current Principal Place of Business:**

3570 KEITH STREET, NW  
CLEVELAND, TN 373203480

**New Principal Place of Business:**

**Current Mailing Address:**

3570 KEITH STREET, NW  
CLEVELAND, TN 373203480

**New Mailing Address:**

FEI Number: 42-1588892      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PRESTON, FORREST L  
Address: 3570 KEITH STREET NW  
City-St-Zip: CLEVELAND, TN 37312

Title: MGR ( ) Delete  
Name: CLAYTON, ANGELENA  
Address: 3570 KEITH STREET NW  
City-St-Zip: CLEVELAND, TN 37312

Title: AS ( ) Delete  
Name: CROSS, CINDY S  
Address: 3570 KEITH STREET NW  
City-St-Zip: CLEVELAND, TN 37312

Title: AS ( ) Delete  
Name: THURMOND, JOAN E  
Address: 3570 KEITH STREET NW  
City-St-Zip: CLEVELAND, TN 37312

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

AS

01/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date