## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Apr 29, 2005 8:00 am Secretary of State

| DOCUMENT # L02000018393  1. Entity Name SEBRING MEDICAL COMPLEX, L.C.  |   |  |   |  | 04-29-2005 90033 028 ****50.00 |                          |   |                              |
|--|---|--|---|--|--------------------------------|--------------------------|---|------------------------------|
| Principal Place of Business  2240 BELLEAIR ROAD, SUITE 160 CLEARWATER, FL 33764  Mailing Address 2240 BELLEAIR CLEARWATER, I   |   |  | IR ROAD, SUITE 160  |  |                                |                          |   |                              |
| 2. Principal P   | 3. Mailing Address  | -  |   |  |                                |                          |   |                              |
| 1250 S. Belcher Road Suite, Apt. #, etc.   |   | 1250 S. Belcher Road Suite, Apt. #, etc.     |   | 02152005   | Cha II C                       | CB3E093 (10/03)          |   |                              |
| Suite 160  |   | Suite 160                                    |   |  | Chg-LLC                        | CR2E083 (10/03)          |   |                              |
| City & State Largo, FL   |   | City & State  Largo, FL                      |   | 4. FEI Numb  |                                | <del></del>              | pplied For<br>ot Applicable             |                              |
| Zip<br>33771   | Country   | Zip<br>33771                                 | Count   | ry<br>USA  | 1                              | of Status Desired        | \$5.00 Ad<br>Fee Require                |                              |
|  | 6. Name and Address of Current F                          | Registered Agent                             |   |  | 7. Name and                    | i Address of New Ro      | egistered Agent                         |                              |
| O'CONNOR & ASSOCIATES<br>2240 BELLEAIR ROAD, SUITE 160   |   |  |   | Name O'Connor, Patrick M. Street Address (P.O. Box Number is Not Acceptable) 1250 S. Belcher Road.   |                                |                          |   |                              |
| CLEARWATER, FL 33764   |   |  | Ì   |  |                                |                          |   |                              |
|  |   |  | }   | Suite<br>City<br>Largo   | 160                            |                          | FL 339                                  | ₽4                           |
| 8. The above named entity submits this statement for the purpose of changing its registered office   |   |  |   |  | ared agent or br               | oth in the State of Flo  |   |                              |
| the obligat  | ions of registered agent                                  | the purpose of changing its                  | registere   | a onice or registe   | sied agent, or oc              | un, in the state of File | 1/6/05                                  | , and accept                 |
| SIGNATURE .  | Signature, typed or printed name of registered agent a    | nd title il applicable. (NOTE                | : Registered  | l Agent signature require  | ed when reinstating)           | /                        | DATE                                    | <del></del>                  |
| Filing Fee is \$50.00<br>Due by May 1, 2005  |   |  |   |  |                                |                          |   |                              |
| F/<br>Di   | ling Fee is \$50.00<br>ue by May 1, 2005                  | t.   |   |  |                                |                          | e check payable to<br>Department of Sta | te                           |
| 9.   | MANAGING MEMBE  | RS/MANAGERS                                  | 10.   |  |                                |                          | Department of Sta                       |                              |
| 9.<br>TITLE  | MANAGING MEMBER MGRM                                      | RS/MANAGERS                                  | TITLE   |  |                                | Florida                  | Department of Sta                       | te ☐ Addition                |
| 9.   | MANAGING MEMBE  |  | NAME  |  |                                | Florida                  | Department of Sta                       |                              |
| 9. TITLE NAME  | MANAGING MEMBER MGRM MASSINGILL, JESSE L                  | ☐ Delete                                     | TITLE<br>NAME<br>STREE  |  |                                | Florida                  | CHANGES Change                          | ☐ Addition                   |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | MANAGING MEMBER MGRM MASSINGILL, JESSE L 711 N SHERILL ST |  | TITLE NAME STREE CITY-  | ET ADDRESS<br>ST-ZIP   |                                | Florida                  | Department of Sta                       |                              |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | MANAGING MEMBER MGRM MASSINGILL, JESSE L 711 N SHERILL ST | ☐ Delete                                     | TITLE NAME STREE CITY- TITLE NAME   | ET ADDRESS<br>ST-ZIP   |                                | Florida                  | CHANGES Change                          | ☐ Addition                   |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | MANAGING MEMBER MGRM MASSINGILL, JESSE L 711 N SHERILL ST | □ Delete                                     | TITLE NAME STREE CITY- TITLE NAME STREE   | ET ADDRESS ST-ZIP  |                                | Florida                  | CHANGES  Change                         | ☐ Addition                   |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | MANAGING MEMBER MGRM MASSINGILL, JESSE L 711 N SHERILL ST | ☐ Delete                                     | TITLE NAME STREE CITY- TITLE NAME STREE CITY-   | ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ST-ZIP   |                                | Florida                  | CHANGES Change                          | ☐ Addition                   |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | MANAGING MEMBER MGRM MASSINGILL, JESSE L 711 N SHERILL ST | □ Delete                                     | TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME  | ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ST-ZIP   |                                | Florida                  | CHANGES  Change                         | ☐ Addition                   |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME   | MANAGING MEMBER MGRM MASSINGILL, JESSE L 711 N SHERILL ST | ☐ Delete ☐ Delete ☐ Delete                   | TITLE NAME STREE CITY- TITLE CITY- TITLE NAME STREE CITY- TITLE NAME STREE  | ET ADDRESS -ST-ZIP   |                                | Florida                  | CHANGES  Change  Change                 | Addition  Addition           |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | MANAGING MEMBER MGRM MASSINGILL, JESSE L 711 N SHERILL ST | □ Delete                                     | TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE TITLE TITLE TITLE TITLE TITLE  | ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP   |                                | Florida                  | CHANGES  Change                         | ☐ Addition                   |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | MANAGING MEMBER MGRM MASSINGILL, JESSE L 711 N SHERILL ST | ☐ Delete ☐ Delete ☐ Delete                   | TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY-   | ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP   |                                | Florida                  | CHANGES  Change  Change                 | Addition  Addition           |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | MANAGING MEMBER MGRM MASSINGILL, JESSE L 711 N SHERILL ST | ☐ Delete ☐ Delete ☐ Delete ☐ Delete          | TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME CITY- CITY-   | ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  E ADDRESS ST-ZIP  E ADDRESS ST-ZIP  E ADDRESS ST-ZIP  E ADDRESS ST-ZIP   |                                | Florida                  | CHANGES  Change  Change  Change         | Addition  Addition  Addition |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | MANAGING MEMBER MGRM MASSINGILL, JESSE L 711 N SHERILL ST | ☐ Delete ☐ Delete ☐ Delete                   | TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE TITLE TITLE TITLE TITLE   | ET ADDRESS -ST-ZIP  ST-ZIP   |                                | Florida                  | CHANGES  Change  Change                 | Addition  Addition           |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | MANAGING MEMBER MGRM MASSINGILL, JESSE L 711 N SHERILL ST | ☐ Delete ☐ Delete ☐ Delete ☐ Delete          | TITLE NAME STREE CITY- TITLE NAME  | ET ADDRESS -ST-ZIP  ST-ZIP   |                                | Florida                  | CHANGES  Change  Change  Change         | Addition  Addition  Addition |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | MANAGING MEMBER MGRM MASSINGILL, JESSE L 711 N SHERILL ST | ☐ Delete ☐ Delete ☐ Delete ☐ Delete ☐ Delete | TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME CITY- TITLE NAME CITY- TITLE NAME CITY-  | ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP |                                | Florida                  | CHANGES  Change  Change  Change         | Addition  Addition  Addition |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | MANAGING MEMBER MGRM MASSINGILL, JESSE L 711 N SHERILL ST | ☐ Delete ☐ Delete ☐ Delete ☐ Delete          | TITLE NAME STREE CITY- TITLE NAME TITLE TITLE TITLE TITLE TITLE TITLE TITLE | ET ADDRESS -ST-ZIP   |                                | Florida                  | CHANGES  Change  Change  Change         | Addition  Addition  Addition |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP       | MANAGING MEMBER MGRM MASSINGILL, JESSE L 711 N SHERILL ST | ☐ Delete ☐ Delete ☐ Delete ☐ Delete ☐ Delete | TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME NAME NAME NAME NAME NAME NAME NAM   | ET ADDRESS -ST-ZIP   |                                | Florida                  | CHANGES  Change  Change  Change         | Addition  Addition  Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAT THE MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4125/05

813-885-5656 Daytime Phone #