

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000001202

1. Entity Name
MONTEREY MEDICAL CENTER, L.C.



Principal Place of Business
1050 S.E. MONTEREY ROAD, SUITE 400
STUART, FL 34994

Mailing Address
1050 S.E. MONTEREY ROAD, SUITE 400
STUART, FL 34994

FILED
05 APR 12 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03292005 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-0995166

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRAMER, ROBERT S
853 SE MONTEREY COMMONS BLVD.
STUART, FL 34996

Name
Rifkin, Avron C.
Street Address (P.O. Box Number is Not Acceptable)
800 S.E. Monterey Commons Blvd., Suite 200
City
Stuart FL Zip Code
34996

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

Avron C. Rifkin

3/29/2005

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PSL HOLDINGS, LTD
1050 S.E. MONTEREY ROAD, SUITE 400
STUART, FL 34994 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
04/12/05--01012--020 **100.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MEDCARE CENTER, LC
1050 S.E. MONTEREY ROAD, SUITE 400
STUART, FL 34994 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
04/12/05--01012--020 **100.00

TITLE
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CITY-ST-ZIP
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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)(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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

PSL Holdings, Inc., General Partner of PSL Holdings, Ltd.

SIGNATURE: By: Avron C. Rifkin President 3/30/2005 772 288-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #