2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L00000001202

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

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

DO NOT WRITE IN THIS SPACE

01262006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
65-0995166	Not Applicable

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

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6. Name and Address of Current Registered Agent

RIFKIN, AVRON C
800 SE MONTEREY COMMONS BLVD
STUART, FL 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_____

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, 2006

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	PSL HOLDINGS, LTD	
STREET ADDRESS	1050 S.E. MONTEREY ROAD, SUITE 400	
CITY-ST-ZIP	STUART, FL 34994	
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02/21/06-80029-011 50.00

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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: _____

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