

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001202

FILED
Apr 20, 2007
Secretary of State

Entity Name: MONTEREY MEDICAL CENTER, L.C.

Current Principal Place of Business:

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

New Principal Place of Business:

1050 SE MONTEREY ROAD
SUITE 400
STUART, FL 34994

Current Mailing Address:

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

New Mailing Address:

1050 SE MONTEREY ROAD
SUITE 400
STUART, FL 34994

FEI Number: 65-0995166

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIFKIN, AVRON C
800SE MONTEREY COMMONS BLVD
STUART, FL 34996 US

Name and Address of New Registered Agent:

RIFKIN, AVRON C
800 SE MONTEREY COMMONS BLVD
STUART, FL 34996 US

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: _____

04/20/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PSL HOLDINGS, LTD,
Address: 1050 S.E. MONTEREY ROAD, SUITE 400
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PSL HOLDINGS, LTD,
Address: 1050 SE MONTEREY ROAD, SUITE 400
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTOPHER LAUER

CFO

04/20/2007

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