


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000005948</b> 1. Entity Name <b>PORT ORANGE MEDICAL CENTER, L.C.</b>					
Principal Place of Business <b>790 DUNLAWTON AVENUE SUITE A PORT ORANGE FL 32127</b>			Mailing Address <b>790 DUNLAWTON AVENUE SUITE A PORT ORANGE FL 32127</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3652224</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SPERTUS, ALAN P MD 790 DUNLAWTON AVENUE, STE A PORT ORANGE FL 32127</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>					
U000000063627 02/23/04-80168-025 50.00					
<b>9. MANAGING MEMBERS/MANAGERS</b>					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
	P	SPERTUS, ALAN D MD	790 DUNLAWTON AVENUE, STE A		PORT ORANGE FL 32127
	V	PARR, GREG	790 DUNLAWTON AVENUE, STE H		PORT ORANGE FL 32127
	S	BILLMEIER, DAVE MD	790 DUNLAWTON AVENUE, STE E		PORT ORANGE FL 32127
	T	RUST, JAY	790 DUNLAWTON AVENUE, STE C		PORT ORANGE FL 32127
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
<b>10. ADDITIONS/CHANGES</b>					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE:</b> _____ <span style="float: right;">2/17/04 (386)767-0053</span>					