2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000008821

1. Entity Name
TAMPA HOSPITAL, L.L.C.



FILED Apr 15, 2004 08:00 AM Secretary of State

Principal Place of Business
400 NORTH RIVERSIDE DRIVE

TAMPA, FL 33603

Mailing Address

P.O.BOX 8147

CHARLOTTESVILLE, VA 22906



04122004No Chg-LLC

CR2E083 (10/03)

4. FEI Number Applied For Not Applied For Not Applied For Status Desired Status Desired Fee Required

6. Name and Address of Current Registered Agent

ROLAND, DOUGLAS C 500 EAST KENNEDY BOULEVARD, SUITE 200 TAMPA, FL 33602

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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. It am familiar with, and accept the obligations of registered agent.			
SIGNATURE		(NOTE, Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2004			
9.	MANAGING MEMBERS/MANAGERS	<u> </u>	
THEE NAME STREET ADDRESS CITY-ST-ZIP	M HURT, CHARLES W 195 RIVERBEND DRIVE CHARLOTTESVILLE, VA 22911		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			000000114697 04/15/04-80061-003 50.00
istle name street aodress chy-st-zip		DC	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
HILE NAME STREET ADDRESS CITY-ST-JIP			
HILE NAME STREET ADDRESS CHY-SI-ZIP			
11. I hereby certify that the information supplied with this filling 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.			