


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000008821 1. Entity Name TAMPA HOSPITAL, L.L.C.	
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Principal Place of Business 4001 NORTH RIVERSIDE DRIVE TAMPA, FL 33603	Mailing Address P.O. BOX 8147 CHARLOTTESVILLE, VA 22906
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DO NOT WRITE IN THIS SPACE



04072005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 22-4589518	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	M HURT, CHARLES W 195 RIVERBEND DRIVE CHARLOTTESVILLE, VA 22911
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04/11/05-80105-004 50.00

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.

SIGNATURE: Charles W. Hurt Sole Manager 4/8/05 434-979-8181

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