


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000008821</b>		
1. Entity Name <b>TAMPA HOSPITAL, L.L.C.</b>		
Principal Place of Business <b>4001 NORTH RIVERSIDE DRIVE TAMPA, FL 33603</b>	Mailing Address <b>P.O. BOX 8147 CHARLOTTESVILLE, VA 22906</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>ROLAND, DOUGLAS C 500 EAST KENNEDY BOULEVARD, SUITE 200 TAMPA, FL 33602</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> (NOTE: Registered Agent signature required when revisiting) DATE _____		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>U000000516240 04/29/06-80242-003 50.00</b>
<b>9. MANAGING MEMBERS/MANAGERS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>M HURT, CHARLES W 195 RIVERBEND DRIVE CHARLOTTESVILLE, VA 22911</b>	
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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: <i>Philip J. Soloman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<b>4/13/06</b> <small>Date</small> <b>434-979-8181</b> <small>Daytime Phone #</small>



04132008 No Chg-LLC CR2E083 (11/05)

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

**DO NOT WRITE  
IN THIS SPACE**