

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90260 050 ****50.00

DOCUMENT # L00000008821

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



Principal Place of Business
**4001 NORTH RIVERSIDE DRIVE
TAMPA, FL 33603**

Mailing Address
**P.O. BOX 8147
CHARLOTTESVILLE, VA 22906**

60048201



04162007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-4589518

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
HURT, CHARLES W
195 RIVERBEND DRIVE
CHARLOTTESVILLE, VA 22911**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/25/07

Date

434-979-8181

Daytime Phone #



ATTACHMENT 60048261

Division of Corporations

2007 Annual Report

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the
annual report form.

This information cannot be changed on the report.	
Document Number	L00000008821
Business Entity Name	TAMPA HOSPITAL, L.L.C.
Original File Date	07/25/2000

FEI Number 22-4589518

Principal Address 4001 NORTH RIVERSIDE DRIVE
TAMPA, FL 33603

Mailing Address P.O.BOX 8147
CHARLOTTESVILLE, VA 22906

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

Managing Member/Manager Name And Address

M
CHARLES W HURT
195 RIVERBEND DRIVE
CHARLOTTESVILLE, VA 22911

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information is correct and
you do not wish to make
any changes, please
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