

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

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**



04102008 No Chg-LLC

CR2E083 (12/07)

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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000896001
04/24/08-80089-019 138.75

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

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NAME
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STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #

Charles W. Hurt 4/10/08

434-979-5181