

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000013695

FILED
Apr 29, 2005
Secretary of State

Entity Name: OCEAN MEDICAL CENTER, L.L.C.

Current Principal Place of Business:

1800 AUSTRALIAN AVENUE SOUTH, SUITE 100
C/O W. MORGAN SPEER
WEST PALM BEACH, FL 33409

Current Mailing Address:

1800 AUSTRALIAN AVENUE SOUTH, SUITE 100
C/O W. MORGAN SPEER
WEST PALM BEACH, FL 33409

New Principal Place of Business:

4001 NORTH OCEAN DRIVE
SUITE 105
LAUDERDALE BY THE SEA, FL 33308

New Mailing Address:

4001 NORTH OCEAN DRIVE
SUITE 105
LAUDERDALE BY THE SEA, FL 33308

FEI Number: 54-2127865

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPEER, W. MORGAN
1800 AUSTRALIAN AVENUE SOUTH, SUITE 100
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

REILLY, VINCE
4001 NORTH OCEAN DRIVE
SUITE 105
LAUDERDALE BY THE SEA, FL 33308 US

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.

SIGNATURE: VINCE REILLY

04/29/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: NEUBAUER, RICHARD A
Address: 4001 OCEAN DRIVE SUITE 105
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: VINCE REILLY

DIR.

04/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date