


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L01000000735</b> 1. Entity Name LAKE ST. CHARLES MEDICAL CENTER, LLC	
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Principal Place of Business 27001 US 19 NORTH, STE. 2095 CLEARWATER, FL 33761-3490	Mailing Address 27001 US 19 NORTH, STE. 2095 CLEARWATER, FL 33761-3490
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**DO NOT WRITE IN THIS SPACE**



02192007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3698159	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

POLLACK, LOREN M  
27001 US HWY 19N, STE 2095  
CLEARWATER, FL 33761

**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 \_\_\_\_\_

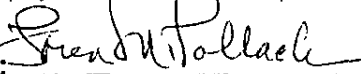
**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CENTER PROPERTIES LAKE ST CHARLES 27001 US HWY 19N STE 2095 CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IVY REALTY TRUST 27001 US HWY 19N STE 2095 CLEARWATER, FL 33761
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/24/07-80009-011 55.00

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:**  **Loren M Pollack** **3/19/07** **727 796-1077**

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