

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000000735

FILED
Mar 10, 2009
Secretary of State

Entity Name: LAKE ST. CHARLES MEDICAL CENTER, LLC

Current Principal Place of Business:

27001 US 19 NORTH, STE. 2095
CLEARWATER, FL 337613490

New Principal Place of Business:

27001 US HWY 19 NORTH
SUITE 2095
CLEARWATER, FL 33761

Current Mailing Address:

27001 US 19 NORTH, STE. 2095
CLEARWATER, FL 337613490

New Mailing Address:

27001 US HWY 19 NORTH
SUITE 2095
CLEARWATER, FL 33761

FEI Number: 59-3698159

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

POLLACK, LOREN M
27001 US HWY 19 NORTH
SUITE 2095
CLEARWATER, FL 33761 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:

03/10/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CENTER PROPERTIES LAKE ST CHARLES
Address: 27001 US HWY 19N STE 2095
City-St-Zip: CLEARWATER, FL 33761

Title: MGRM () Delete
Name: IVY REALTY TRUST
Address: 27001 US HWY 19N STE 2095
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LOREN M. POLLACK

MGRM

03/10/2009

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