

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90182 019 \*\*\*\*55.00

**DOCUMENT # L01000000743**

1. Entity Name  
CENTER PROPERTIES-LAKE ST. CHARLES MEDICAL  
CENTER, LLC



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

**24049410**



03042004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3698171

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

POLLACK, LOREN M  
27001 US HWY 19 N 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

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, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
CENTER PROP OF TAMPA BAY INC  
27001 US HWY 19 N STE 2095  
CLEARWATER, FL 33761

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
KAHN, RANDY  
27001 US HWY 19 N STE 2095  
CLEARWATER, FL 33761

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
KAHN, SUSAN  
27001 US HWY 19N, STE 2095  
CLEARWATER, FL 33761

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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 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* LOREN M. POLLACK

3/26/04 (727) 796-1077

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

Date

Daytime Phone #