2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000000743

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

Principal Place of Business	Mailing Address
27001 US 19 NORTH, STE. 2095 CLEARWATER, FL 33761-3490	27001 US 19 NORTH, STE. 2095 CLEARWATER, FL 33761-3490

DO NOT WRITE IN THIS SPACE

02152005No Chg-LLC CR2E083 (10/03)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

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

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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 3/14/05 (727) 796-1077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #