2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2010
Secretary of State

DOCUMENT# L01000000743

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

Current Principal Place of Business:

27001 US HWY 19 NORTH
SUITE 2095
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:

27001 US HWY 19 NORTH
SUITE 2095
CLEARWATER, FL 33761

New Mailing Address:

FEI Number: 59-3698171 **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 19 NORTH
SUITE 2095
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: CENTER PROP OF TAMPA BAY INC
Address: 27001 US HWY 19 N STE 2095
City-St-Zip: CLEARWATER, FL 33761

Title: MGRM
Name: KAHN, RANDY
Address: 27001 US HWY 19 N STE 2095
City-St-Zip: CLEARWATER, FL 33761

Title: MGRM
Name: KAHN, SUSAN
Address: 27001 US HWY 19N, STE 2095
City-St-Zip: CLEARWATER, FL 33761

I hereby 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 Statues.

SIGNATURE: LOREN M. POLLACK MGR 04/06/2010

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