2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2011
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:

2535 LANDMARK DR
SUITE 106
CLEARWATER, FL 33761

Current Mailing Address:

27001 US HWY 19 NORTH
SUITE 2095
CLEARWATER, FL 33761

New Mailing Address:

2535 LANDMARK DR
SUITE 106
CLEARWATER, FL 33761

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:

POLLACK, LOREN M
2535 LANDMARK DR
SUITE 106
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: _____ 02/18/2011
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: CENTER PROP OF TAMPA BAY INC
Address: 2535 LANDMARK DR, STE 106
City-St-Zip: CLEARWATER, FL 33761

Title: MGRM
Name: KAHN, RANDY
Address: 2535 LANDMARK DR, STE 106
City-St-Zip: CLEARWATER, FL 33761

Title: MGRM
Name: KAHN, SUSAN
Address: 2535 LANDMARK DR, STE 106
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 MGRM 02/18/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date