

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001320

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: LEMON BAY MEDICAL FACILITIES, L.L.C.

**Current Principal Place of Business:**

1885 ENGLEWOOD ROAD  
ENGLEWOOD, FL 34223

**New Principal Place of Business:**

**Current Mailing Address:**

1885 ENGLEWOOD ROAD  
ENGLEWOOD, FL 34223

**New Mailing Address:**

FEI Number: 64-1088088

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BASSETTI, KAREN  
1885 ENGLEWOOD ROAD  
ENGLEWOOD, FL 34223 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: D ( ) Delete  
Name: LOGAN, STEPHEN  
Address: 8255 MANASOTA KEY RD.  
City-St-Zip: ENGLEWOOD, FL 34223

Title: D ( ) Delete  
Name: BASSETTI, KAREN  
Address: 2140 W. DOPHIN DR.  
City-St-Zip: ENGLEWOOD, FL 34223

Title: D ( ) Delete  
Name: SHARMA, OM  
Address: 144 BRANDYWINE CIR.  
City-St-Zip: ENGLEWOOD, FL 34223

**ADDITIONS/CHANGES:**

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

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 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: KAREN BASSETTI

D

04/26/2006

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