

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90048 036 \*\*\*\*50.00

DOCUMENT # L01000011916  
 1. Entity Name  
 LAKE BENNET MEDICAL CENTER DEVELOPERS, L.L.C.



Principal Place of Business Mailing Address  
 11140 WEST COLONIAL DR., STE. 1 11140 WEST COLONIAL DR., STE. 1  
 OCOEE, FL 34761 OCOEE, FL 34761

2. Principal Place of Business 3. Mailing Address  
 670 KISSIMMEE AV. P.O. BOX 220  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 OCOEE, FL KILLARNEY, FL

Zip Country Zip Country  
 34761 ORANGE 34740-0220 ORANGE



04222004 Chg-LLC CR2E083 (10/03)

4. FEI Number NOT APPLICABLE Applied For Not Applicable  
 5. Certificate of Status Desired  \$5.00 Additional Fee Required  
 6. Name and Address of Current Registered Agent  
 BUSWELL-CHARKOW, DON  
 11140 WEST COLONIAL DR., STE. 1  
 OCOEE, FL 34761  
 7. Name and Address of New Registered Agent  
 Name DONALD A. WINGATE  
 Street Address (P.O. Box Number is Not Acceptable)  
 670 KISSIMMEE AV.  
 City OCOEE FL Zip Code 34761

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 Donald A Wingate, DONALD A. WINGATE, MGRM 4-22-04  
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  
 Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSWELL-CHARKOW, DON		NAME		
STREET ADDRESS	11140 WEST COLONIAL DR., STE. 1		STREET ADDRESS		
CITY-ST-ZIP	OCOEE, FL 34761		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLORIN, JORGE		NAME		
STREET ADDRESS	10000 WEST COLONIAL DR., STE. 288		STREET ADDRESS		
CITY-ST-ZIP	OCOEE, FL 34761		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINGATE-INTERNATIONAL, INC.		NAME		
STREET ADDRESS	P.O. BOX 220		STREET ADDRESS		
CITY-ST-ZIP	KILLARNEY, FL 34760		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Donald A Wingate DONALD A. WINGATE 4/22/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

407 877-4755