

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90204 007 ****50.00

DOCUMENT # L01000013869

1. Entity Name
GROVE PLACE MEDICAL CENTER, LLC



Principal Place of Business
1401 HIGHWAY A1A, STE. 301
VERO BEACH, FL 32963

Mailing Address
1401 HIGHWAY A1A, STE. 301
VERO BEACH, FL 32963

24001894



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
65-1134669

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired: ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALDWELL, WILLIAM W ESQ
COLLINS, BROWN, CALDWELL, ET AL
756 BEACHLAND BLVD.
VERO BEACH, FL 32963

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 ☐ Delete
NAME P&S PROPERTIES OF INDINA RIVER, INC.
STREET ADDRESS 1401 HIGHWAY A1A, 3RD FLOOR
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/16/04 772-234-2577
Date Daytime Phone #