



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90180 024 ****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		
2. Principal Place of Business 3001 Ocean Drive Suite, Apt. #, etc. Suite 202		3. Mailing Address 3001 Ocean Drive Suite, Apt. #, etc. Suite 202			
City & State Vero Beach, FL		City & State Vero Beach, FL		4. FEI Number 65-1134669	
Zip 32963		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CALDWELL, WILLIAM W ESQ COLLINS, BROWN, CALDWELL, ET AL 756 BEACHLAND BLVD. VERO BEACH, FL 32963				7. Name and Address of New Registered Agent Name Catherine Emrick Street Address (P.O. Box Number is Not Acceptable) 3001 Ocean Drive, Suite 202 City Vero Beach FL 32963	
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 <u>Catherine Emrick</u> Catherine Emrick <u>2/9/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM P&S PROPERTIES OF INDINA RIVER, INC. 1401 HIGHWAY A1A, 3RD FLOOR VERO BEACH, FL 32963		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P&S Properties of Indian River, Inc 3001 Ocean Drive, Suite 202 Vero Beach, FL 32963	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Donald P. Smith</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>1/28/05</u> <u>772-234-2577</u> <small>Date Daytime Phone #</small>		