

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000021980

FILED
Apr 26, 2005
Secretary of State

Entity Name: CAC-FLORIDA MEDICAL CENTERS, LLC

Current Principal Place of Business:

3501 S.W. 160TH AVENUE
MIRAMAR, FL 33027

New Principal Place of Business:

500 WEST MAIN STREET
LOUISVILLE, KY 40202

Current Mailing Address:

3501 S.W. 160TH AVENUE
MIRAMAR, FL 33027

New Mailing Address:

P.O. BOX 740026
LOUISVILLE, KY 40201-742

FEI Number: 26-0010657

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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/MEMBERS:

Title: MGRP () Delete
Name: PALLIN, ARISTIDES
Address: 255 ALHAMBRA CIRCLE #500
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRV () Delete
Name: FERNANDEZ, GEORGE
Address: 255 ALHAMBRA CIRCLE #500
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: PADRON, CARLOS
Address: 255 ALHAMBRA CIRCLE #500
City-St-Zip: CORAL GABLES, FL 33134

Title: CFO () Delete
Name: SCHACKER, BRIAN S
Address: 255 ALHAMBRA CIRCLE #500
City-St-Zip: CORAL GABLES, FL 33134

Title: C (X) Delete
Name: PEREZ, JOSE DR
Address: 255 ALHAMBRA CIRCLE #500
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MICHAEL, MCCALLISTER B
Address: 500 WEST MAIN STREET
City-St-Zip: LOUISVILLE, KY 40202

Title: MGR (X) Change () Addition
Name: BLOEM, JAMES H
Address: 500 WEST MAIN STREET
City-St-Zip: LOUISVILLE, KY 40202

Title: MGR (X) Change () Addition
Name: BAUERNFEIND, GEORGE
Address: 500 WEST MAIN STREET
City-St-Zip: LOUISVILLE, KY 40202

Title: MGR (X) Change () Addition
Name: LENAHA, JOAN O
Address: 500 WEST MAIN STREET
City-St-Zip: LOUISVILLE, KY 40202

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 Section 119.07(3)(i), 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: GEORGE BAUERNFEIND

VP

04/26/2005

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