2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 06, 2006 8:00 am
Secretary of State
06-06-2006 90210 001 ***100.00

DOCUMENT # L02000006662

1. Entity Name
EAGLE HOSPITAL PHYSICIANS OF FLORIDA, LLC

30009733

Principal Place of Business	Mailing Address
~~1150 LAKE HEARN DR., STE. 150~~ ~~ATLANTA, GA 30342~~	~~1150 LAKE HEARN DR., STE. 150~~ ~~ATLANTA, GA 30342~~

05252006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
5901-C Peachtree Dunwoody Rd	5901-C Peachtree Dunwoody Rd
Suite, Apt. #, etc.: Suite 350	Suite, Apt. #, etc.: Suite 350
City & State: Atlanta Ga	City & State: Atlanta, Ga
Zip: 30328 Country: USA	Zip: 30328 Country: USA

4. FEI Number: 81-0646245 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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 September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete	TITLE	MGRM ☑ Change ☐ Addition
NAME	YOUNG, ROBERT W MD	NAME	Young, Robert W MD
STREET ADDRESS	1150 LAKE HEARN DRIVE, STE 150	STREET ADDRESS	5901-C Peachtree Dunwoody Rd
CITY-ST-ZIP	ATLANTA, GA 30342	CITY-ST-ZIP	Atlanta, Ga 30328
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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 exemptions contained in Chapter 119, 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: Robert W. Young, MD 5/25/06 678-397-0060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #