2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L02000018393

CITY-S1-ZIP TITLE NAME STREET ADDRESS

SEBRING MEDICAL COMPLEX, L.C.

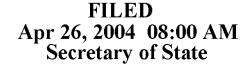


Principal Place of Business

2240 BELLEAIR ROAD, SUITE 160 CLEARWATER, FL 33764

Mailing Address

2240 BELLEAIR ROAD, SUITE 160 CLEARWATER, FL 33764





DO NOT WRITE IN THIS SPACE

04222004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 56-2284698 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

O'CONNOR & ASSOCIATES 2240 BELLEAIR ROAD, SUITE 160 CLEARWATER, FL 33764

DO NOT WRITE IN THIS SPACE

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			
F	iling Fee is \$50.00 ue by May 1, 2004		000000128587 04/26/04-80044-008 50. 00
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	MASSINGILL, JESSE L		
STREET AODRESS	711 N SHERILL ST		
CITY - \$T - ZIP	TAMPA, FL 336091109		
TITLE			
NAME			
STREET ADORESS		ĺ	
City-SI-ZIP			<u> </u>
TITLE			
NAME			
STREET ADDRESS			DO NOT WRITE
CITY-ST-ZIP			DO NOT WITH
TITLE			IN THIS SPACE
NAME STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			

11. I nereby 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 it 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: Jesse L SIGNATURI