2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90033 028 ****50.00

DOCUMENT # L02000018393

1. Entity Name
SEBRING MEDICAL COMPLEX, L.C.

Principal Place of Business	Mailing Address
2240 BELLEAIR ROAD, SUITE 160 CLEARWATER, FL 33764	2240 BELLEAIR ROAD, SUITE 160 CLEARWATER, FL 33764

02152005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
1250 S. Belcher Road		1250 S. Belcher Road	
Suite, Apt. #, etc.: Suite 160		Suite, Apt. #, etc.: Suite 160	
City & State: Largo, FL		City & State: Largo, FL	
Zip: 33771	Country: USA	Zip: 33771	Country: USA

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	7. Name and Address of New Registered Agent
O'CONNOR & ASSOCIATES 2240 BELLEAIR ROAD, SUITE 160 CLEARWATER, FL 33764	Name: O'Connor, Patrick M. Street Address (P.O. Box Number is Not Acceptable): 1250 S. Belcher Road. Suite 160 City: Largo FL Zip Code: 33771

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] 4/4/05
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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MASSINGILL, JESSE L		NAME		
STREET ADDRESS	711 N SHERILL ST		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 336091109		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		
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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 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] 4/25/05 813-885-5656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #