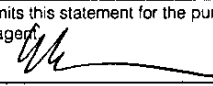
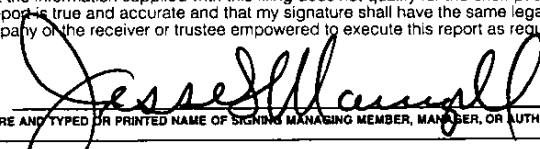


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90033 028 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        |                                                                                                                                                         |                                                                                                                                                                                                                                                         |                                                                                   |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L02000018393</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        |                                                                                                                                                         |                                                                                                                                                                                                                                                         |  |                                                                   |
| <b>1. Entity Name</b><br>SEBRING MEDICAL COMPLEX, L.C.                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        |                                                                                                                                                         |                                                                                                                                                                                                                                                         |                                                                                   |                                                                   |
| <b>Principal Place of Business</b><br>2240 BELLEAIR ROAD, SUITE 160<br>CLEARWATER, FL 33764                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        |                                                                                                                                                         | <b>Mailing Address</b><br>2240 BELLEAIR ROAD, SUITE 160<br>CLEARWATER, FL 33764                                                                                                                                                                         |                                                                                   |                                                                   |
| <b>2. Principal Place of Business</b><br>1250 S. Belcher Road<br>Suite, Apt. #, etc.<br><b>Suite 160</b><br>City & State<br><b>Largo, FL</b><br>Zip<br><b>33771</b>                                                                                                                                                                                                                                                                                                                                                  |                                                                        | <b>3. Mailing Address</b><br>1250 S. Belcher Road<br>Suite, Apt. #, etc.<br><b>Suite 160</b><br>City & State<br><b>Largo, FL</b><br>Zip<br><b>33771</b> |                                                                                                                                                                                                                                                         | 02152005    Chg-LLC    CR2E083 (10/03)                                            |                                                                   |
| Country<br><b>USA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        | Country<br><b>USA</b>                                                                                                                                   |                                                                                                                                                                                                                                                         | <b>4. FEI Number</b><br>56-2284698                                                |                                                                   |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        |                                                                                                                                                         |                                                                                                                                                                                                                                                         | <b>Applied For</b><br>Not Applicable                                              |                                                                   |
| <b>6. Name and Address of Current Registered Agent</b><br>O'CONNOR & ASSOCIATES<br>2240 BELLEAIR ROAD, SUITE 160<br>CLEARWATER, FL 33764                                                                                                                                                                                                                                                                                                                                                                             |                                                                        |                                                                                                                                                         | <b>7. Name and Address of New Registered Agent</b><br>Name<br><b>O'Connor, Patrick M.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1250 S. Belcher Road.</b><br>Suite 160<br>City<br><b>Largo</b> <b>FL</b> Zip Code<br><b>33771</b> |                                                                                   |                                                                   |
| <b>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.</b>                                                                                                                                                                                                                                                                                 |                                                                        |                                                                                                                                                         |                                                                                                                                                                                                                                                         |                                                                                   |                                                                   |
| SIGNATURE  (NOTE: Registered Agent signature required when reinstating)    DATE <b>4/6/05</b>                                                                                                                                                                                                                                                                                                                                     |                                                                        |                                                                                                                                                         |                                                                                                                                                                                                                                                         |                                                                                   |                                                                   |
| <b>Filing Fee is \$50.00 Due by May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        | <b>Make check payable to Florida Department of State</b>                                                                                                |                                                                                                                                                                                                                                                         |                                                                                   |                                                                   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        |                                                                                                                                                         | <b>10. ADDITIONS/CHANGES</b>                                                                                                                                                                                                                            |                                                                                   |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MGRM<br>MASSINGILL, JESSE L<br>711 N SHERILL ST<br>TAMPA, FL 336091109 | <input type="checkbox"/> Delete                                                                                                                         |                                                                                                                                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        | <input type="checkbox"/> Delete                                                                                                                         |                                                                                                                                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        | <input type="checkbox"/> Delete                                                                                                                         |                                                                                                                                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        | <input type="checkbox"/> Delete                                                                                                                         |                                                                                                                                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        | <input type="checkbox"/> Delete                                                                                                                         |                                                                                                                                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        | <input type="checkbox"/> Delete                                                                                                                         |                                                                                                                                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>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.</b> |                                                                        |                                                                                                                                                         |                                                                                                                                                                                                                                                         |                                                                                   |                                                                   |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |                                                                                                                                                         |                                                                                                                                                                                                                                                         | Date <b>4/25/05</b> Daytime Phone # <b>813-885-5656</b>                           |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                                                                                                                         |                                                                                                                                                                                                                                                         |                                                                                   |                                                                   |