

## 2005 LIMITED LIABILITY COMPANY

**ANNUAL REPORT** 

DOCUMENT # L02000024391

37TH PLACE MEDICAL CENTER, L.L.C.

Principal Place of Business \_



Mailing Address

816 GAYFEATHER LANE PO BOX 3989 VERO BEACH, FL 32963

VERO BEACH, FL 32964

**FILED** Jan 31, 2005 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

01132005 No Chg-LLC

CR2E083 (10/03)

Applied For 4. FEI Number 03-0487503 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

MARINE, CHRISTOPHER H ESQ 979 BEACHLAND BLVD. VERO BEACH, FL 32963

SIGNATURE:

## 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	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			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLINCHUM, RUSSELL J 816 GAYFEATHER LANE VERO BEACH, FL 32963		U00000206713 02/01/05~80016~013 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLINCHUM, RANDALL S 816 GAYFEATHER LANE VERO BEACH, FL 32963		02701705-00010-013 50.00
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TITLE NAME STREET ADDRESS CITY+ST+ZIP			
11. Thereby certify that the information supplied with this filling 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.			