

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90171 047 ****50.00

DOCUMENT # L02000024391

1. Entity Name

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



Principal Place of Business

816 GAYFEATHER LANE
VERO BEACH, FL 32963

Mailing Address

PO BOX 3989
VERO BEACH, FL 32964

DO NOT WRITE IN THIS SPACE



01262006No Chg-LLC

CR2E083 (11/05)

4. FEI Number

03-0487503

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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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, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME FLINCHUM, RUSSELL J
STREET ADDRESS 816 GAYFEATHER LANE
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE MGRM
NAME FLINCHUM, RANDALL S
STREET ADDRESS 816 GAYFEATHER LANE
CITY-ST-ZIP VERO BEACH, FL 32963

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CITY-ST-ZIP

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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:

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

2/6/06 772-562-6856

Date

Daytime Phone #