

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2007 08:00 AM**  
**Secretary of State**

**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



01292007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**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, 2007**

**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
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000645723  
03/05/07-80018-016 50.00

**DO NOT WRITE  
IN THIS SPACE**

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

2/12/07

Date

772/562-6856

Daytime Phone #