

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90274 010 \*\*\*\*50.00

DOCUMENT # L02000031654

1. Entity Name

EICHENFELD OAKS MEDICAL CENTER, LLC



Principal Place of Business

4102 CAUSEWAY BLVD.  
TAMPA, FL 33619

Mailing Address

4102 CAUSEWAY BLVD.  
TAMPA, FL 33619

4101111



03032004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
03-0494054

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WATERS, CODY W  
501 E. KENNEDY BLVD., STE. 1700  
TAMPA, FL 33602

**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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME SMITH, STEWART G  
STREET ADDRESS 4102 CAUSEWAY BLVD.  
CITY-ST-ZIP TAMPA, FL 33619

TITLE MGR  
NAME BEST, DWAYNE F  
STREET ADDRESS 1000 N. 31ST ST. S  
CITY-ST-ZIP ST. PETERSBURG, FL 33712

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*Stewart H Smith*

3/3/04

813 241 2586

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

Date

Daytime Phone #