

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031654

FILED
Apr 20, 2004
Secretary of State

Entity Name: EICHENFELD OAKS MEDICAL CENTER, LLC

Current Principal Place of Business:

4102 CAUSEWAY BLVD.
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

4102 CAUSEWAY BLVD.
TAMPA, FL 33619

New Mailing Address:

FEI Number: 03-0494054

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SMITH, STEWART G
Address: 4102 CAUSEWAY BLVD.
City-St-Zip: TAMPA, FL 33619

Title: MGR () Delete
Name: BEST, DWAYNE F
Address: 1000 N. 31ST ST. S
City-St-Zip: ST. PETERSBURG, FL 33712

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 G. SMITH SR.

MGR

04/20/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date