2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004
Secretary of State

DOCUMENT# L03000004851

Entity Name: TRI-COUNTY MEDICAL CENTER, L.L.C.

Current Principal Place of Business:

3122 UNIVERSITY DRIVE
MIRAMAR, FL 33025

New Principal Place of Business:

Current Mailing Address:

3122 UNIVERSITY DRIVE
MIRAMAR, FL 33025

New Mailing Address:

19452 CEDAR GLEN DRIVE
BOCA RATON, FL 33434

FEI Number: 06-1678465 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ENGLEHARD, SHELDON ESQ.
7900 GLADES ROAD, SUITE 330
BOCA RATON, FL 334344104 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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: BERKOWITZ, RONALD
Address: 19452 CEDAR GLEN DRIVE
City-St-Zip: BOCA RATON, FL 33434

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: RONALD BERKOWITZ MGRM 04/19/2004

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