


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000048392</b> 1. Entity Name MORNINGSTAR MEDICAL CENTER, LLC	
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Principal Place of Business 7315 HUDSON AVENUE HUDSON, FL 34667	Mailing Address 7315 HUDSON AVENUE HUDSON, FL 34667
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**DO NOT WRITE IN THIS SPACE**



01072005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 30-0217611	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  ZSCHAU, JULIUS J 2701 N. ROCKY POINT DRIVE, SUITE 930 TAMPA, FL 33607
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BONATI, ALFRED D 7315 HUDSON AVE HUDSON, FL 34667
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04/26/05-80045-009 50.00

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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:** Alfred D. Bonati, Manager 4/19/05 727-868-9563

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_