2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 09, 2004
Secretary of State

DOCUMENT# L03000054627

Entity Name: SHORES MEDICAL CENTER LLC

Current Principal Place of Business:

9345 PARK DRIVE
MIAMI SHORES, FL 33138

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 21173
FT LAUDERDALE, FL 333351173

New Mailing Address:

FEI Number: 56-2423941 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

EUDOVIQUE, SAMUEL J
1301 NW 175 TERR
MIAMI, FL 33169 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: EUDOVIQUE, SAMUEL J
Address: 1301 NW 175 TERR
City-St-Zip: MIAMI, FL 33169

Title: MGR ( ) Delete
Name: KIRKLAND, LESLIE B
Address: 16903 SW 34TH STREET
City-St-Zip: MIRAMAR, FL 33027

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: SAMUEL J EUDOVIQUE SR MGR 09/09/2004

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