# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Aug 10, 2005**
**Secretary of State**

DOCUMENT# L04000003520

**Entity Name:** MAGNOLIA MEDICAL CENTER,LLC

**Current Principal Place of Business:**

326 NORTH BELCHER ROAD
CLEARWATER, FL 33765 US

**New Principal Place of Business:**

**Current Mailing Address:**

326 NORTH BELCHER ROAD
CLEARWATER, FL 33765 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

BRINSON, DONALD
326 N. BELCHER RD
CLEARWATER, FL 33765 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/MANAGERS:**

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition
Name: NICHOLS, DEAN
Address: P.O. BOX 30073
City-St-Zip: ALEXANDRIA, VA 22310

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: DEAN NICHOLS MGRM 08/10/2005

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