2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2007
Secretary of State

DOCUMENT# L04000003520

Entity Name: MAGNOLIA MEDICAL CENTER,LLC

Current Principal Place of Business:

1000 S. FORT HARRISON AVE.
CLEARWATER, FL 33757 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2893
CLEARWATER, FL 33757 US

New Mailing Address:

FEI Number: 20-0748258 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MICHAELS, THOMAS O
1370 PINEHURST RD
DUNEDIN, FL 34698 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: MGRM ( ) Delete
Name: NICHOLS, DEAN
Address: 119 POINCIANA LANE
City-St-Zip: LARGO, FL 33770

ADDITIONS/CHANGES:

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 Chapter 119, 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 MR. 01/20/2007

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