

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000056406

FILED
May 01, 2007
Secretary of State

Entity Name: CYPRESS PHYSICIAN GROUP, LLC

Current Principal Place of Business:

ONE PARK PLAZA
NASHVILLE, TN 37203 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 750
NASHVILLE, TN 37203 US

New Mailing Address:

FEI Number: 73-1719078 FEI Number Applied For () FEI Number Not Applicable () 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:

Name and Address of New Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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: MGR () Delete
Name: HANKINS, ROBERT SAMUEL JR.
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203 US

Title: MGR () Delete
Name: JOHNSON, R. MILTON
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203 US

Title: MGR () Delete
Name: MOORE, A. BRUCE JR
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: A. BRUCE MOORE, JR.

MGR

05/01/2007

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