2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2005
Secretary of State

DOCUMENT# L04000078298

Entity Name: TAMIAMI HEALTH CENTER OF PORT CHARLOTTE, LLC

Current Principal Place of Business:

2625 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

2625 TAMIAMI TRAIL
UNIT 3
PORT CHARLOTTE, FL 33952 US

Current Mailing Address:

P.O. BOX 494661
PORT CHARLOTTE, FL 339494661

New Mailing Address:

2625 TAMIAMI TRAIL
UNIT 3
PORT CHARLOTTE, FL 33952 US

FEI Number: 20-1825983 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POULSEN, LANCE K
2625 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

POULSEN, LANCE K
2625 TAMIAMI TRAIL
UNIT 3
PORT CHARLOTTE, FL 33952 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: 04/13/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

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

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

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: LYNCH, W T
Address: 395 GREEN DOLPHIN
City-St-Zip: CAPE HAZE, FL 33946 US

Title: MGR ( ) Change (X) Addition
Name: REISCHMANN, MIKE
Address: 1895 IRMA RD.
City-St-Zip: EUSTIS, FL 32726 US

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: W. TERRY LYNCH MGRM 04/13/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date