

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000078298

FILED
Apr 14, 2006
Secretary of State

Entity Name: TAMIAMI HEALTH CENTER OF PORT CHARLOTTE, LLC

Current Principal Place of Business:

2625 TAMIAMI TRAIL
UNIT 3
PORT CHARLOTTE, FL 33952 US

New Principal Place of Business:

Current Mailing Address:

2625 TAMIAMI TRAIL
UNIT 3
PORT CHARLOTTE, FL 33952 US

New Mailing Address:

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
UNIT 3
PORT CHARLOTTE, FL 33952 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: LYNCH, W T
Address: 395 GREEN DOLPHIN
City-St-Zip: CAPE HAZE, FL 33946 US

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

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 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: LANCE POULSEN

MGRM

04/14/2006

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