2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000078298

City-St-Zip:

EUSTIS, FL 32726

FILED Apr 24, 2008 Secretary of State

Entity Name: TAMIAMI HEALTH CENTER OF PORT CHARLOTTE, LLC

Current Principal Place of Business: New Principal Place of Business: 2625 TAMIAMI TRAIL 2625 TAMIAMI TRAIL UNIT 4 UNIT 3 PORT CHARLOTTE, FL 33952 US PORT CHARLOTTE, FL 33952 US **Current Mailing Address:** New Mailing Address: 2625 TAMIAMI TRAIL 2625 TAMIAMI TRAIL UNIT 4 UNIT 3 PORT CHARLOTTE, FL 33952 US 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: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete LYNCH, W T Name: Name: Address: PO BOX 3815 Address: City-St-Zip: PLACIDA, FL 33746 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: REISCHMANN, MIKE Name: Address: 1895 IRMA RD. Address: City-St-Zip: EUSTIS, FL 32726 US City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition REISCHMANN, MIKE Name: Name: Address: 1895 IRMA ROAD Address:

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.

City-St-Zip:

SIGNATURE: MIKE REISCHMANN MGR 04/24/2008