## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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## FILED Apr 24, 2006 8:00 am Secretary of State 04-24-2006 90041 034 \*\*\*\*50.00

1. Entity Name A.I., L.L.C.							04-24-2000 \$	70041 03°	т <i>5</i> 0.	.00
Principal Place of Business 1717 N. E STREET			Mailing Address 1717 N. E STREET	IIC.	•					
PENSACOLA, I	FL 32501 C	JS	PENSACOLA, FL 32501	US :		 				
2. Principal Place of Business			3. Mailing Address 1717 N. "E" S	t.						
Suite, Apt. #, etc.			Suite, Apt. #, etc. Ste. 320 Att City & State	n. J.	Kehoe	04132006	Chg-LLC er <b>よる</b> ーより3		3 (11/05)	olied For
City & State			Pensacola, FL		NOTAL	PLICABLE		Not	Applicable	
Zip			Zip Country 32501 US		5. Certificate of Status Desired \$5.00 Additional Fee Required					
	6. Name and	Address of Current R	egistered Agent	Na	me	7. Name and	Address of New R	egistered A	gent	
BEGGS & LANE, RLLP 501 COMMENDENCIA STREET			Street Address (P.C			(P.O. Box Numb	er is Not Acceptable	9)		
PENSACO	LA, FL 3250	2						1.01		
		Cit	ty	FL Zip Code						
8. The above the obligati	named entity sui ons of registered	bmits this statement for d agent.	the purpose of changing its	registered of	fice or registe	ered agent, or bo	oth, in the State of Flo	orida. I am fa	amiliar with, a	and accept
SIGNATURE .	Signature, typed or pri	nted name of registered agent ar	nd title if applicable, (NOTE	Registered Agen	it signature require	ad when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006								e check pa a Departme		,
9.		MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS			
TITLE NAME	MGR • HO	SPITAL, INC.	☐ Delete	TITLE NAME	MGR	tict Hor	nital Inc		Change	Addition
STREET ADDRESS	1717 NORTH			STREET ADO	oress   Dap	7 N. "E'	pital, Inc St., Ste.	320		
CITY-ST-ZIP	PENSACOLA	A, FL 32501		CITY-ST-Z	Pen Pen	sacola,	FL 32501_		Change	☐ Addition
TITLE NAME	MR. FELKNER, J	OSEPH G	☐ Delete	TITLE NAME !	MGR Fe1	kner, Jo	senh G.		C circlinge	☐ AUUILIUII
STREET ADDRESS CITY-ST-ZIP	1717 NORTH	E STREET		STREET AD	oncec   C	Kilci, oc	Juchii a.			
CITT-ST-ZIF		L E1 22504		CITY_ST-7	11/1	.7 N"E'	'St., Ste.	320		
TITLE	PENSACOL	A, FL 32501	☐ Delete	CITY-ST-Z	11/1	7 N. "E' sacola,	' St., Ste. FL 32501	. 320	☐ Change	Addition
NAME	PENSACOLA	A, FL 32501	☐ Delete	TITLE	Pen	7 N. "E' Isacola,	'St., Ste.	. 320	☐ Change	☐ Addition
1	PENSACOL	A, FL 32501	☐ Delcte	TITLE	ORESS 1/1	7 N. "E' isacola,	'St., Ste.	320	☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	PENSACOL	A, FL 32501	☐ Delete	TITLE NAME STREET ADI CITY-ST-Z	ORESS 1/1	7 N. "E' isacola,	'St., Ste.	. 320	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	PENSACOL	A, FL 32501		TITLE NAME STREET ADI CITY-ST-Z	DRESS	7 N. "E' isacola,	'St., Ste.	. 320		*
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Joyce Kehoe, Baptist Hospital, Inc. Asst. Secretary
INTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Depth Depth Phone # 4/13/06 850/469-2345