

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000004574

**FILED**  
**Apr 28, 2006**  
**Secretary of State**

**Entity Name:** WEST TAMPA MEDICAL CENTER, LLC

**Current Principal Place of Business:**

3202 COLWELL AVE., #2303  
TAMPA, FL 33614

**New Principal Place of Business:**

2700 N MACDILL AVE. STE#110  
TAMPA, FL 33607

**Current Mailing Address:**

3202 COLWELL AVE., #2303  
TAMPA, FL 33614

**New Mailing Address:**

2700 N MACDILL AVE. STE#110  
TAMPA, FL 33607

**FEI Number:** 20-2156477

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRUZ, MARIA E  
3202 COLWELL AVE., #2303  
TAMPA, FL 33614 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: MIKE, MACHIN MGR  
Address: 4518 MATANZAS AVE  
City-St-Zip: TAMPA, FL 33614

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:** MIKE MACHIN

MGR

04/28/2006

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