


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90063 046 \*\*\*\*50.00

<b>DOCUMENT # L05000031664</b>	
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1. Entity Name  
HIMES MEDICAL CENTER, L.C.

Principal Place of Business 11503 SHIMMERING SHORE PLACE TAMPA, FL 33624	Mailing Address 11503 SHIMMERING SHORE PLACE TAMPA, FL 33624
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04092006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>20-2624421</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
O'CONNOR, PATRICK M ESQ. C/O OCONNOR & ASSOCIATES 1250 S. BELCHER ROAD, SUITE 160 LARGO, FL 33771-5207		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manages PATEL PRATIMA R. 11503 Shimmering Shore Pl. Tampa FL 33614. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** Pratima Patel 4-26-06 813-931-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #