

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

DOCUMENT # L05000065196

**Mailing Address**  
2435 US 19 SUITE 110  
HOLIDAY, FL 34691

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

02212008 Chg-LLC CR2E083 (11/05)

25-1920217

Applied For
Not Applicable

### 5. Certificate of Status Desired

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)

Suite 110

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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee Is \$50.00  
Due by May 1, 2008**

Make check payable to  
Florida Department of State

9. **MANAGING MEMBERS/MANAGERS**

10.	1	ADDITIONS/CHANGES
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☐ Delete

Delete

107

**□ 8.4.1**

24

17

III F		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
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☒ Change    ☐ Addition☐ Change ☒ Addition

☐ **Finance**
☐ **Adding**

☐ Change ☐ Addition

☐ Change    ☐ Addition

☐ Change ☐ 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, as the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

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

\_\_\_\_\_

**Directing Process 1**

2-28-06 727 484-3176



ATTACHMENT  
36003130

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 28, 2006

PRIMARY MEDICAL CENTER OF LAKELAND, LLC  
2435 US 19 SUITE 110  
HOLIDAY, FL 34691

Subject: **PRIMARY MEDICAL CENTER OF LAKELAND, LLC**

Reference Number: **L05000065196**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ  
ANNUAL REPORTS SECTION