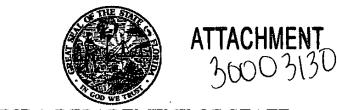
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

rincipal Plac 2435 US 19	e of Business SUTE 110	Mailing Address 2435 US 19 SUITE	110	J							
ioliday, fl		HOLIDAY, FL 3469	1			d (EXITER C	a a dies eins erns dans d	 18 (18 6 6 18 6 18 6 18 6 18 6 18 6 18 6	 Tu arm 12/19 at	1711 W 1868	
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Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u> </u>			02212008	Chg-LLC	CR2E0	83 (11/05)		
City & State		City & State	<u> </u>			4. FEI Numb	1920217		N	plied For Applicable	
Zip	Country	Zip	Cour	ntry 			of Status Desired		\$5.00 Add Fee Require		
		Current Registered Agent		Name		7. Name and	Address of New	Registered A	Agent		
HAN, NA 435 U.S. I UITE 600				Street A	ddress (F	(P.O. Box Number is Not Acceptable)					
	FL 34691			Suit		110					
				City				FL	Zip Code)	
IGNATURE .	Signature, typed or priviled nearly of rego		OTE: Registere	ed Agent signes	ure required	rien (al state)	- <u>-</u>	LANE LANE		<u>-</u> 9337	
Pi	Spicus, specia prised name of regal illing Poe Is \$50.00 ue by May 1, 2006			ed Agent signed	••	men reinstating)		ke check pi			
Pi Di	iling Fee Is \$50.00 ue by May 1, 2006 MANAGING	S MEMBERS/MANAGERS	10.	, , , , , , , , , , , , , , , , , , ,	••	oran (de statung)	Floric	ke check p	ent of State		
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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

L05000065196

- Réference-Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> 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