

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000065196

FILED  
Feb 01, 2007  
Secretary of State

Entity Name: PRIMARY MEDICAL CENTER OF LAKE LAND, LLC

## Current Principal Place of Business:

2435 US 19 SUITE 110  
HOLIDAY, FL 34691

## New Principal Place of Business:

2515 COUNTRYSIDE BLVD  
SUITE C  
CLEARWATER, FL 33763

## Current Mailing Address:

2435 US 19 SUITE 110  
HOLIDAY, FL 34691

## New Mailing Address:

2515 COUNTRYSIDE BLVD  
SUITE C  
CLEARWATER, FL 33763

FEI Number: 25-1920217

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KHAN, NAZEER H M.D.  
2435 U.S. HWY 19  
SUITE 110  
HOLIDAY, FL 34691 US

## Name and Address of New Registered Agent:

KHAN, HAIDER A MD  
2515 COUNTRYSIDE BLVD  
SUITE C  
CLEARWATER, FL 33763 US

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: HAIDER A KHAN, MD

02/01/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: KHAN, NAZEER H M.D.  
Address: 2435 US 19 SUITE 110  
City-St-Zip: HOLIDAY, FL 34691

Title: MGR ( ) Delete  
Name: KHAN, SAFIA H  
Address: 24355 US 19 SUITE 110  
City-St-Zip: HOLIDAY, FL 34691

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: KHAN, HAIDER A M.D.  
Address: 2515 COUNTRYSIDE BLVD, STE C  
City-St-Zip: CLEARWATER, FL 33763

Title: MGR (X) Change ( ) Addition  
Name: KHAN, SAFIA H  
Address: 2515 COUNTRYSIDE BLVD, STE C  
City-St-Zip: CLEARWATER, FL 34691

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: HAIDER A KHAN, MD

MGR

02/01/2007

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