



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-27-2006 90419 044 ****50.00

DOCUMENT # L05000065211					
1. Entity Name PRIMARY MEDICAL CENTER OF SPRING HILL, LLC					
Principal Place of Business 2435 US 19 SUITE 110 HOLIDAY, FL 34691			Mailing Address 2435 US 19 SUITE 110 HOLIDAY, FL 34691		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 25-1920220	
5. Certificate of Status Desired <input type="checkbox"/>				5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KHAN, NAZEER H M.D. 2435 U.S. HWY 19 SUITE 600 HOLIDAY, FL 34691			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 _____ (NOTE: Registered Agent signature required when reinstating) 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	MGR KHAN, NAZEER H M.D. POST OFFICE BOX 9014 LARGO, FL 33771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2435 US 19, Ste 110 Holiday, FL 34691	<input checked="" 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	MGR Safia H Khan 2435 US 19, Ste 110 Holiday, FL 34691	<input type="checkbox"/> Change <input checked="" 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
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
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: 			SIGNATURE: Safia H Khan		
SIGNATURE AND TITLE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 2-28-06 727-484-3176		

30003133



02212006 Chg-LLC CR2E083 (11/05)



ATTACHMENT

30003133

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2006

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

Subject: PRIMARY MEDICAL CENTER OF SPRING HILL, LLC

Reference Number:

L05000065211

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.

/JE

ANNUAL REPORTS SECTION