2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90068 038 ****50.00

DOCUMENT # L05000105974

1. Entity Name
CURLEW MEDICAL CENTER LLC

Principal Place of Business
24761 US HWY 19 N
SUITE 630
CLEARWATER, FL 33763 US

Mailing Address
24761 US HWY 19 N
SUITE 630
CLEARWATER, FL 33763 US

04242007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #: 2430 Estancia Blvd
Suite, Apt. #, etc.: Suite 108
City & State: Clearwater, FL
Zip: 33761 Country: US

3. Mailing Address: 2430 Estancia Blvd
Suite, Apt. #, etc.: Suite 108
City & State: Clearwater, FL
Zip: 33761 Country: US

4. FEI Number: 20-3726536 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SCOURTAS, LOUIS C
24761 US HWY 19 N
SUITE 630
CLEARWATER, FL 33763

7. Name and Address of New Registered Agent

Name: Scourtas, Louis C.
Street Address (P.O. Box Number is Not Acceptable): 2430 Estancia Blvd.
Suite 108
City: Clearwater FL Zip Code: 33761

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: Louis C. Scourtas 4/24/07
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, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	MGRM	☒ Change ☐ Addition
NAME	KASZUBA, ROBERT		NAME	Kaszuba, Robert	
STREET ADDRESS	24761 US HWY 19 N SUITE 630		STREET ADDRESS	2430 Estancia Blvd. Suite 108	
CITY-ST-ZIP	CLEARWATER, FL 33763		CITY-ST-ZIP	Clearwater, FL 33761	
TITLE	MGR	☐ Delete	TITLE	MGR	☒ Change ☐ Addition
NAME	BHASKAR, VARUN		NAME	Bhaskar, Varun	
STREET ADDRESS	24761 US HWY 19 N SUITE 630		STREET ADDRESS	2430 Estancia Blvd. Suite 108	
CITY-ST-ZIP	CLEARWATER, FL 33763		CITY-ST-ZIP	Clearwater, FL 33761	
TITLE	MGR	☐ Delete	TITLE	MGR	☒ Change ☐ Addition
NAME	GOYAL, ANOOP		NAME	Goyal, Anoop	
STREET ADDRESS	24761 US HWY 19 N SUITE 630		STREET ADDRESS	2430 Estancia Blvd. Suite 108	
CITY-ST-ZIP	CLEARWATER, FL 33763		CITY-ST-ZIP	Clearwater, FL 33761	
TITLE	MGR	☐ Delete	TITLE	MGR	☒ Change ☐ Addition
NAME	LAARTZ, BRENT		NAME	Laartz, Brent	
STREET ADDRESS	24761 US HWY 19 N SUITE 630		STREET ADDRESS	2430 Estancia Blvd. Suite 108	
CITY-ST-ZIP	CLEARWATER, FL 33763		CITY-ST-ZIP	Clearwater, FL 33761	
TITLE	MGR	☐ Delete	TITLE	MGR	☒ Change ☐ Addition
NAME	SLONE, SHERMAN		NAME	Slone, Sherman	
STREET ADDRESS	24761 US HWY 19 N SUITE 630		STREET ADDRESS	2430 Estancia Blvd. Suite 108	
CITY-ST-ZIP	CLEARWATER, FL 33763		CITY-ST-ZIP	Clearwater, FL 33761	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: 04/26/07 727-216-0505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #