2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# L06000075715

Entity Name: HAGHIGHI MEDICAL CENTER, LLC

Current Principal Place of Business:

3554 WATERCHASE WAY EAST
JACKSONVILLE, FL 32224

New Principal Place of Business:

9191 R.G. SKINNER PARKWAY
SUITE 901
JACKSONVILLE, FL 32256

Current Mailing Address:

3554 WATERCHASE WAY EAST
JACKSONVILLE, FL 32224

New Mailing Address:

9191 R.G. SKINNER PARKWAY
JACKSONVILLE, FL 32256

FEI Number: 20-8411897 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAGHIGHI, MICHAEL
3554 WATERCHASE WAY EAST
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HAGHIGHI, MICHAEL
Address: 3554 WATERCHASE WAY EAST
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGRM ( ) Delete
Name: PATEL, ROSHNI
Address: 3554 WATERCHASE WAY EAST
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL HAGHIGHI MGRM 04/25/2007

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