

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000082317

FILED
Apr 30, 2008
Secretary of State

Entity Name: TAMPA BAY LONG TERM ACUTE CARE HOSPITAL, LLC

Current Principal Place of Business:

ONE PARK PLAZA
NASHVILLE, TN 37203

New Principal Place of Business:

Current Mailing Address:

ONE PARK PLAZA
NASHVILLE, TN 37203

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR () Delete
Name: MARKS, MIKE
Address: 31975 U.S. HIGHWAY 19 NORTH
City-St-Zip: PALM HARBOR, FL 34684

Title: MGR () Delete
Name: MAYNOR, SHEILA
Address: 31975 U.S. HIGHWAY 19 NORTH
City-St-Zip: PALM HARBOR, FL 34684

Title: MGR () Delete
Name: HAIGHT, DON
Address: 31975 U.S. HIGHWAY 19 NORTH
City-St-Zip: PALM HARBOR, FL 34684

Title: MGR () Delete
Name: MARCHESINI, BOB
Address: 31975 U.S. HIGHWAY 19 NORTH
City-St-Zip: PALM HARBOR, FL 34684

Title: MGR () Delete
Name: MACE, GINGER
Address: 31975 U.S. HIGHWAY 19 NORTH
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES:

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

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

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

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: GINGER MACE

MGR

04/30/2008

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