


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L94000000474 1. Entity Name NORTH FLORIDA REGIONAL MEDICAL CENTER-GAINESVILLE PHO, L.C.	
--	---

Principal Place of Business 6500 NEWBERRY ROAD GAINESVILLE, FL 32605	Mailing Address P.O. BOX 147006 GAINESVILLE, FL 32614-7006
--	--

DO NOT WRITE IN THIS SPACE



02162005No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3279882	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DYE, DAVID L 6500 NEWBERRY RD. GAINESVILLE, FL 32605	DO NOT WRITE IN THIS SPACE
---	---------------------------------------

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 David L Dye CFO (NOTE: Registered Agent signature required when reinstating) DATE 2/25/05

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP THOMAS, JAMES R 6500 NEWBERRY RD. GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC DYE, DAVID L 6500 NEWBERRY RD. GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V QUINLIVAN, JOHN D 6500 NEWBERRY RD. GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000263451
03/14/05-B0094-U16 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: David L Dye 2/25/05 (352) 333-4107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #