

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000001104

FILED
Apr 29, 2004
Secretary of State

Entity Name: LEESAR HEALTHTRUST PARTNERS, L.C.

Current Principal Place of Business:

1700 S TAMIAMI TRAIL
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

% J. HUGH MIDDLEBROOKS
200 S. ORANGE AVE.
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 65-0807710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIDDLEBROOKS, J. HUGH
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34239 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/MEMBERS:

Title: MGR () Delete
Name: SARASOTA COUNTY PUBL, IC HOSPITAL BO A RD
Address: 1700 SOUTH TAMIAMI TRAIL/G. DUNCAN FINLAY
City-St-Zip: SARASOTA, FL 34239

Title: MGR () Delete
Name: HOSPITAL BOARD OF DI, RECTORS OF LEE COUNTY
Address: 2780 CLEVELAND AVE., ATTN: JAMES R. NATHAN
City-St-Zip: FT. MYERS, FL 33901

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 for the exemption stated in Section 119.07(3)(i), 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: G. DUNCAN FINLAY, M.D.

MGR

04/29/2004

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