2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# L97000001104

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. M 04/28/2005

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