

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000001104

FILED  
Apr 29, 2009  
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:

401 LEONARD BLVD. NORTH  
LEHIGH ACRES, FL 33971

## Current Mailing Address:

C/O J. HUGH MIDDLEBROOKS  
200 S. ORANGE AVE.  
SARASOTA, FL 34239

## New Mailing Address:

401 LEONARD BLVD. NORTH  
LEHIGH ACRES, FL 33971

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/MANAGERS:

Title: MGR ( ) Delete  
Name: MACKENZIE, GWEN M  
Address: 1700 SOUTH TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34239

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

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: SARASOTA MEMORIAL HEALTH CARE SYSTEM  
Address: 1700 SOUTH TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34239

Title: MGR (X) Change ( ) Addition  
Name: LEE MEMORIAL HEALTH SYSTEM  
Address: 2780 CLEVELAND AVE.  
City-St-Zip: FT. MYERS, FL 33901

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: GWEN MACKENZIE

P

04/29/2009

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