
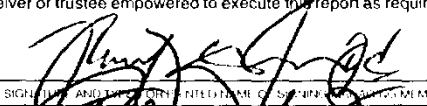


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAR -9 PM 4:04	
FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE					
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000002597 COMMUNITY CARE MEDICAL CENTER, L.L.C. 5500 NINTH STREET NORTH ST. PETERSBURG FL 33703-1204			1a. Principal Place of Business Address 5500 NINTH STREET NORTH ST. PETERSBURG FL 33703		
2. Principal Place of Business 5500 NINTH STREET NO. Suite, Apt. #, etc. XXXXX City & State ST. PETERSBURG, FL Zip 33703 Country U.S.A.		2a. Mailing Address 5500 NINTH STREET NO. Suite, Apt. #, etc. XXXXX City & State ST. PETERSBURG, FL Zip 33703 Country U.S.A.		3. Date Organized or Qualified 10/30/1998 3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
4. FEI Number 59-3538362				5. Date of Last Report NEW BUSINESS 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent LAMBERT, PAUL W J.D. 1114 FAST PARK AVENUE TALLAHASSEE FL 32301			8. Name and Address of New Registered Agent/Office <div style="border: 1px solid black; height: 100px; position: relative;"> <div style="position: absolute; top: 0; right: 0; bottom: 0; left: 0; background: linear-gradient(to top right, transparent 49%, black 49%, black 51%, transparent 51%); background-size: 100% 100%; pointer-events: none;"></div> </div>		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ <small>(Registered Agent Accepting Appointment) (RCA) (Registered Agent signature required when first filing)</small>			DATE FEBRUARY 20, 1999		
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code		
MGR	JONES, RODERICK C D.C.	921 55TH AVENUE NORTH	ST. PETERSBURG FL 33703-2105		
MGR	JONES, DENNIS L D.C.	9 MARINA TERRACE	TREASURE ISLAND FL 33706-1203		
			100002800731-... -03/10/99--01061--002 ****188.75 ****188.75		
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: _____ 			FEBRUARY 20, 1999 727-525-5500		