

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002597

FILED
Feb 20, 2004
Secretary of State

Entity Name: COMMUNITY CARE MEDICAL CENTER, L.L.C.

Current Principal Place of Business:

5500 NINTH STREET NORTH
ST. PETERSBURG, FL 33703

New Principal Place of Business:

Current Mailing Address:

5500 NINTH STREET NORTH
ST. PETERSBURG, FL 33703

New Mailing Address:

FEI Number: 59-3538362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMBERT, PAUL W J.D.
1114 EAST PARK AVENUE
TALLAHASSEE, FL 323012651 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: JONES, RODERICK C D.C.
Address: 921 55TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 337032105

Title: MGR () Delete
Name: JONES, DENNIS L D.C.
Address: 9 MARINA TERRACE
City-St-Zip: TREASURE ISLAND, FL 337061203

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: RODERICK C. JONES, D.C.

DR.

02/20/2004

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