# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 23, 2005**
**Secretary of State**

DOCUMENT# L99000006599

**Entity Name:** CARRABELLE MEDICAL CENTER, L.C.

**Current Principal Place of Business:**

602 HIGHWAY 98
PO BOX 998
CARRABELLE, FL 323220998

**New Principal Place of Business:**

602 RIVERVIEW DR.
PO BOX 998
CARRABELLE, FL 323220998

**Current Mailing Address:**

602 HIGHWAY 98
PO BOX 998
CARRABELLE, FL 323220998

**New Mailing Address:**

PO BOX 998
CARRABELLE, FL 323220998

**FEI Number: 59-3599756** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEWIS, CHARLES A MD
602 HIGHWAY 98
PO BOX 998
CRRABELLE, FL 323220998 US

**Name and Address of New Registered Agent:**

LEWIS, CHARLES A MD
602 RIVERVIEW DR.
PO BOX 998
CRRABELLE, FL 323220998 US

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: _____ 02/23/2005
Electronic Signature of Registered Agent — Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete
Name: LEWIS, CHARLES A MD
Address: PO BOX 138
City-St-Zip: CARRABELLE, FL 323220138

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition
Name: LEWIS, CHARLES A MD
Address: 602 RIVERIVEW DR.
City-St-Zip: CARRABELLE, FL 323220138

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: CHARLES LEWIS MGMR 02/23/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date