

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90115 031 ****50.00

DOCUMENT # L99000008207

1. Entity Name

LITTLE FOREST MEDICAL CENTER, LLC



Principal Place of Business

950 GALLEON DRIVE
NAPLES FL 33940

Mailing Address

950 GALLEON DRIVE
NAPLES FL 33940

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-1120588

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POTTS, PATRICIA C
950 GALLEON DRIVE
NAPLES FL 33940

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME HURL, SHARI
STREET ADDRESS 21498 MAGNOLIA HILLS DRIVE
CITY-ST-ZIP MAGNOLIA TX 77354

TITLE MGRM ☐ Delete
NAME POTTS, PATRICIA A
STREET ADDRESS 950 GALLEON DRIVE
CITY-ST-ZIP NAPLES FL 33940

TITLE MGR ☐ Delete
NAME LFMC MANAGEMENT CO. LTD.
STREET ADDRESS 492 MCCLURY RD.
CITY-ST-ZIP YOUNSTOWN OH 44512

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME HURL, SHARI
STREET ADDRESS 60600 SIX PINES DR. # 313
CITY-ST-ZIP Woodlands TX 77380

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Manager

4/20/04

Date

330 629 2280

Daytime Phone #