

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L99000008207

FILED
Oct 03, 2005
Secretary of State

Entity Name: LITTLE FOREST MEDICAL CENTER, LLC

Current Principal Place of Business:

950 GALLEON DRIVE
NAPLES, FL 33940

New Principal Place of Business:

950 GALLEON DRIVE
NAPLES, FL 34102

Current Mailing Address:

950 GALLEON DRIVE
NAPLES, FL 33940

New Mailing Address:

950 GALLEON DRIVE
NAPLES, FL 34102

FEI Number: 34-1120588

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POTTS, PATRICIA C
950 GALLEON DRIVE
NAPLES, FL 33940 US

Name and Address of New Registered Agent:

POTTS, PATRICIA C
950 GALLEON DRIVE
NAPLES, FL 34102 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: PATRICIA C POTTS

10/03/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HURL, SHARI
Address: 60600 SIX PINES DR., #313
City-St-Zip: WOODLANDS, TX 77380

Title: MGRM () Delete
Name: POTTS, PATRICIA A
Address: 950 GALLEON DRIVE
City-St-Zip: NAPLES, FL 33940

Title: MGR () Delete
Name: LFMC MANAGEMENT CO., LTD.
Address: 492 MCCLURY RD.
City-St-Zip: YOUNSTOWN, OH 44512

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PATRICIA C POTTS

MNGR

10/03/2005

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