

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90221 001 ****50.00



DOCUMENT # L99000008207
 1. Entity Name
LITTLE FOREST MEDICAL CENTER, LLC

Principal Place of Business 950 GALLEON DRIVE NAPLES FL 34102	Mailing Address 950 GALLEON DRIVE NAPLES FL 34102
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/05)

City & State	City & State	4. FEI Number 34-1120588	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent
POTTS, PATRICIA C
950 GALLEON DRIVE
NAPLES FL 34102

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HURL, SHARI 60600 SIX PINES DR., #313 WOODLANDS TX 77380 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POTTS, PATRICIA A 950 GALLEON DRIVE NAPLES FL 33940 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR L EMC MANAGEMENT CO, LTD 492 MCCLURY RD. YOUNGSTOWN OH 44512 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 of 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* **03-01-06- 239-261-6919**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #