

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90004 022 ****50.00

24065806



04272004 Chg-LLC CR2E083 (10/03)

4. FEI Number **62-1818453** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIFEPOINT HOLDINGS 2, LLC 103 POWELL COURT, SUITE 200 BRENTWOOD, TN 37027	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC WILLIS, GARY D 103 POWELL CT STE 200 BRENTWOOD, TN 37027	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CULOTTA, MICHAEL J 103 POWELL CT STE 200 BRENTWOOD, TN 37027	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARPENTER, WILLIAM F III 103 POWELL CT STE 200 BRENTWOOD, TN 37027	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCF RAPLEE, R. SCOTT 103 POWELL CT STE 200 BRENTWOOD, TN 37027	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRACEY, WILLIAM M 103 POWELL CT STE 200 BRENTWOOD, TN 37027	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attached All managers located at 103 Powell Court, Suite 200, Brentwood, TN 37027	<input type="checkbox"/> Change <input checked="" 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	See attached	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attached	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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

Mary Kim E. Shipp, Manager

April 30, 2004 615.3128000

Date

Daytime Phone #

Attachment
24065806
#M000000000770

Putnam Community Medical Center, LLC

103 Powell Court, Suite 200
Brentwood, Tennessee 37027
FEIN: 62-1818453

Sole Member: LifePoint Holdings 2, LLC

Appointed Managers

Thomas M. Weiss
William F. Carpenter III
Michael J. Culotta
William M. Gracey
R. Scott Raplee
Mark B. Medley
Gary D. Willis
William E. Hoffman, Jr.
Kelvin M. Ault
W. Vail Willis
Mary Kim E. Shipp

President
Executive Vice President and Secretary
Chief Financial Officer
Chief Operations Officer
Senior Vice President
Vice President
Vice President
Vice President
Vice President
Vice President
Assistant Secretary