


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90043 045 ****50.00

DOCUMENT # M00000000770 1. Entity Name PUTNAM COMMUNITY MEDICAL CENTER, LLC																																																																																																																																																					
Principal Place of Business 103 POWELL COURT, SUITE 200 BRENTWOOD, TN 37027			Mailing Address 103 POWELL COURT, SUITE 200 BRENTWOOD, TN 37027																																																																																																																																																		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																		
City & State			City & State																																																																																																																																																		
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Country		Country		4. FEI Number 62-1818453																																																																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable																																																																																																																																																	
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																																																																																																																																																	
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.				FL Zip Code																																																																																																																																																	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																																																					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																																																																																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. 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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: <u>MUSKIP</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				04/06/05 Date																																																																																																																																																	
615.372.8500 Daytime Phone #																																																																																																																																																					

ATTACHMENT 40062906
M 00010800 170

PUTNAM COMMUNITY MEDICAL CENTER, LLC
103 Powell Court, Suite 200
Brentwood, Tennessee 37027
(615) 372-8500
FEIN: 62-1818453

Sole member: LifePoint Holdings 2, LLC

Additional Managers:

Thomas M. Weiss	President
William M. Gracey	Chief Operations Officer
Mark B. Medley	Vice President
William E. Hoffman, Jr.	Vice President
Kelvin M. Ault	Vice President
W. Vail Willis	Vice President