2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 02, 2006 8:00 am Secretary of State DOCUMENT # M00000000770 05-02-2006 90038 011 ****50.00 PUTNAM COMMUNITY MEDICAL CENTER, LLC Principal Place of Business Mailing Address 103 POWELL COURT, SUITE 200 103 POWELL COURT, SUITE 200 BRENTWOOD, TN 37027 BRENTWOOD, TN 37027 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112006 Chg-LLC CR2E083 (11/05) Applied For City & State City & State 4. FEI Number 62-1818453 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGRM See Attachment T Change Addition TITLE Delete TITLE LIFEPOINT HOLDINGS 2, LLC NAME NAME STREET ADDRESS 103 POWELL COURT, SUITE 200 STREET ADDRESS CITY-ST-ZIP BRENTWOOD, TN 37027 CITY-ST-ZIP VPC ☐ Delete TITLE Change Addition TITLE WILLIS, GARY D NAME NAME 103 POWELL CT STE 200 STREET ADDRESS STREET ADDRESS BRENTWOOD, TN 37027 CITY-ST-ZIP CITY-ST-ZIP MGR ☐ Change ☐ Addition TITLE ☐ Delete TITLE CULOTTA, MICHAEL J NAME NAME STREET ADDRESS 103 POWELL CT STE 200 STREET ADDRESS CITY-ST-ZIP BRENTWOOD, TN 37027 CITY-ST-ZIP MGR Change ☐ Addition TITLE ☐ Delete TITLE CARPENTER, WILLIAM F III NAME NAME STREET ADDRESS 103 POWELL CT STE 200 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BRENTWOOD, TN 37027 ☐ Delcte ☐ Change Addition TITLE SV TITLE RAPLEE, R. SCOTT NAME NAME STREET ADDRESS 103 POWELL CT STE 200 STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP BRENTWOOD, TN 37027 ☐ Channe ☐ Addition □ Delete TITLE TITLE GRACEY, WILLIAM M NAME NAME STREET ADDRESS STREET ADDRESS 103 POWELL CT STE 200 CITY-ST-ZIP CITY-ST-ZIP BRENTWOOD, TN 37027

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

G MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE AND TYPED OR PRINTED N

FILED



April 28, 2006

VIA OVERNIGHT MAIL

Florida Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RE: Putnam Community Medical Center, LLC

2006 Limited Liability Company Annual Report

Dear Sir or Madam:

Enclosed is the 2006 Annual Report for the above referenced company together with a check in the amount of \$50.00 to cover the filing fee.

Thank you for your assistance with this filing.

Sincerely,

Gail H. McKinnon

Paralegal

Enclosures