2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # M00000001665

1. Entity Name
WEST PALM BEACH MEDICAL INVESTORS, LLC

Principal Place of Business	Mailing Address
3001 KEITH STREET CLEVELAND, TN 37312	3001 KEITH STREET CLEVELAND, TN 37312

DO NOT WRITE IN THIS SPACE

01102006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
62-1829254

☐ 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

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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, 2006

100000478360
04/08/06-80002-020 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	PRESTON, FORREST L
STREET ADDRESS	3001 KEITH STREET
CITY-ST-ZIP	CLEVELAND, TN 37312
TITLE	V
NAME	ZIEGLER, J STEPHEN
STREET ADDRESS	3001 KEITH STREET
CITY-ST-ZIP	CLEVELAND, TN 37312
TITLE	VPS
NAME	CLAYTON, ANGELENA
STREET ADDRESS	3001 KEITH STREET
CITY-ST-ZIP	CLEVELAND, TN 37312
TITLE	AS
NAME	THURMOND, JOAN E
STREET ADDRESS	3001 KEITH STREET
CITY-ST-ZIP	CLEVELAND, TN 37312
TITLE	AS
NAME	CROSS, CINDY S
STREET ADDRESS	3001 KEITH STREET
CITY-ST-ZIP	CLEVELAND, TN 37312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing 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

SIGNATURE: Joan E Thurmond 3-14-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #