


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90433 047 \*\*\*\*50.00

<b>DOCUMENT # M00000001665</b>					
1. Entity Name WEST PALM BEACH MEDICAL INVESTORS, LLC					
Principal Place of Business 3001 KEITH STREET CLEVELAND, TN 37312			Mailing Address 3001 KEITH STREET CLEVELAND, TN 37312		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	03292007 Chg-LLC CR2E083 (12/06) 4. FEI Number <b>62-1829254</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRESTON, FORREST L		NAME	Consolidated Resources Health Care Fund I, L.P.	
STREET ADDRESS	3001 KEITH STREET		STREET ADDRESS	3570 Keith Street, NW	
CITY- ST- ZIP	CLEVELAND, TN 37312		CITY- ST- ZIP	Cleveland, TN 37312	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	Corporate Manager	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZIEGLER, J STEPHEN		NAME	West Palm Beach Medical, Inc.	
STREET ADDRESS	3001 KEITH STREET		STREET ADDRESS	3570 Keith Street, NW	
CITY- ST- ZIP	CLEVELAND, TN 37312		CITY- ST- ZIP	Cleveland, TN 37312	
TITLE	VPS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAYTON, ANGELENA		NAME		
STREET ADDRESS	3001 KEITH STREET		STREET ADDRESS		
CITY- ST- ZIP	CLEVELAND, TN 37312		CITY- ST- ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THURMOND, JOAN E		NAME		
STREET ADDRESS	3001 KEITH STREET		STREET ADDRESS		
CITY- ST- ZIP	CLEVELAND, TN 37312		CITY- ST- ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSS, CINDY S		NAME		
STREET ADDRESS	3001 KEITH STREET		STREET ADDRESS		
CITY- ST- ZIP	CLEVELAND, TN 37312		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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. West Palm Beach Medical Investors, LLC By: West Palm Beach Medical, Inc. Corporate Manager <b>SIGNATURE: By: <i>Joan E. Thurmond</i></b> <u>3/29/07</u> (423) 473-5868 <small>SIGNATURE AND PRINTED NAME OF FILING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Deline Phone #</small>					

Joan E. Thurmond, Assistant Secretary