
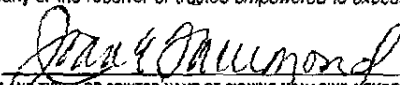


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # M00000001672 1. Entity Name ORANGE PARK MEDICAL INVESTORS, LLC		
Principal Place of Business 3001 KEITH STREET, NW CLEVELAND, TN 37312	Mailing Address 3001 KEITH STREET, NW CLEVELAND, TN 37312	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		<div style="text-align: right;"> DO NOT WRITE IN THIS SPACE </div>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small>		
DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		<div style="text-align: right;"> DO NOT WRITE IN THIS SPACE </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRESTON, FORREST L 3001 KEITH STREET, NW CLEVELAND, TN 37312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS CLAYTON, ANGELENA 3001 KEITH STREET, NW CLEVELAND, TN 37312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS THURMOND, JOAN E 3001 KEITH STREET, NW CLEVELAND, TN 37312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS CROSS, CINDY S 3001 KEITH STREET, NW CLEVELAND, TN 37312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZIEGLER, J. STEPHEN 3001 KEITH ST. CLEVELAND, TN 37312	
TITLE NAME STREET ADDRESS 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 606, Florida Statutes.		
SIGNATURE: 		3-14-06
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>
		<small>City/State/Phone #</small>