

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # M00000001676 1. Entity Name ALTAMONTE SPRINGS MEDICAL INVESTORS, LLC	
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Principal Place of Business 3001 KEITH STREET CLEVELAND, TN 37312	Mailing Address 3001 KEITH STREET CLEVELAND, TN 37312
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01102006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1829265	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renating)

**Filing Fee is \$50.00
Due by May 1, 2006**

000000478359
04/03/06-80002-019 50.00

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

**DO NOT WRITE
IN THIS SPACE**

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: *Joan E Thurmond*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-14-06

Date Daytime Phone #