

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # M01000000520
 1. Entity Name
 HEALTH FACILITIES GROUP, L.L.C.



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|--|--|
| Principal Place of Business 142 N. MOSLEY ST. SUITE 300 WICHITA, KS 67202 | Mailing Address 142 N. MOSLEY ST. SUITE 300 WICHITA, KS 67202 |
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DO NOT WRITE IN THIS SPACE



01192004 No Chg-LLC CR2E083 (10/03)

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|---|--------------------------------|
| 4. FEI Number 48-1154636 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent
 KTG&S REGISTERED AGENT CORPORATION
 100 S.E. 2ND STREET, STE 2800
 MIAMI, FL 33131-2144

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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 _____ DATE _____
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, 2004

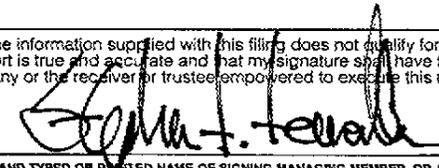
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01/28/04-80042-011 55.00

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR LEWALLEN, STEPHEN L 142 N. MOSLEY ST., SUITE 300 WICHITA, KS 67202 |
| 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 exemption stated in Section 119.07(3)(i), 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:  DATE: 1-20-04 (316) 262-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #