2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 24, 2004
Secretary of State

DOCUMENT# M02000000504

Entity Name: PALMS MEDICAL CENTER, LLC

Current Principal Place of Business:

3615 CENTRAL AVENUE, STE 5
FORT MYERS, FL 33901

New Principal Place of Business:

7801 SW 24 ST
SUITE 102
MIAMI, FL 33155

Current Mailing Address:

3615 CENTRAL AVENUE, STE 5
FORT MYERS, FL 33901

New Mailing Address:

P O BOX 560118
MIAMI, FL 33256

FEI Number: 75-2990770 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EARDLEY, ROBERT J
7801 SW 24 ST., #102
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: OSSORIO, JOSEPH M
Address: PO BOX 862966
City-St-Zip: MIAMI, FL 83256

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ESPINA, PILAR C
Address: PO BOX 562966
City-St-Zip: MIAMI, FL 33256

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PILAR C ESPINA MG 08/24/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date