


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M02000002306</b> 1. Entity Name NEW PORT RICHEY MEDICAL INVESTORS, LLC	
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Principal Place of Business 3570 KEITH STREET NW CLEVELAND, TN 37312	Mailing Address 3570 KEITH STREET NW CLEVELAND, TN 37312
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<b>DO NOT WRITE IN THIS SPACE</b>
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01112007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 73-1656805	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  CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRESTON, FORREST L 3570 KEITH STREET NW CLEVELAND, TN 37312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEVELOPERS INVESTMENT COMPANY II, INC. 3570 KEITH STREET NW CLEVELAND, TN 37312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/06/07-80004-014 50.00

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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.

New Port Richey Medical Investors, LLC  
By: *Joan E. Thurmond*, Assistant Secretary  
**SIGNATURE:** By: *Joan E. Thurmond* Date 3/29/07 Daytime Phone # (423) 473-5868  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Joan E. Thurmond