
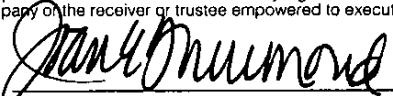


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90003 017 ***138.75

| | | | | | |
|---|---|--|--|---|---|
| DOCUMENT # M02000002306 | | | |  | |
| 1. Entity Name NEW PORT RICHEY MEDICAL INVESTORS, LLC | | | | | |
| Principal Place of Business 3570 KEITH STREET NW CLEVELAND, TN 37312 | | | Mailing Address 3570 KEITH STREET NW CLEVELAND, TN 37312 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 73-1656805 | |
| 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 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| FL | | | Zip Code | | |
| 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 _____ | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM PRESTON, FORREST L 3570 KEITH STREET NW CLEVELAND, TN 37312 | | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM DEVELOPERS INVESTMENT COMPANY II, INC. 3570 KEITH STREET NW CLEVELAND, TN 37312 | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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. | | | | | |
| SIGNATURE:  | | | Date: 4-14-08 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Daytime Phone # | | |

Joan E. Thurmond, Assistant Secretary of Corporate Manager

ATTACHMENT

60039484

M02000002306

EXHIBIT "A"

**New Port Richey Medical Investors, LLC
3570 Keith Street, NW
Cleveland, TN 37312**

Members

Forrest L. Preston 3570 Keith Street, NW Cleveland, TN 37312

Developers Investment Company 3570 Keith Street, NW Cleveland, TN 37312
II, Inc.

Corporate Manager

Developers Investment Company II, Inc.

Officers

N/A

ATTACHMENT

66039484

M02000002306

EXHIBIT "A"

Developers Investment Company II, Inc.
3570 Keith Street, NW
Cleveland, TN 37312
(423) 473-5868

Officers:

| | | |
|---|---------------------|---|
| President: | Forrest L. Preston | 3570 Keith Street, NW Cleveland, TN 37312 |
| Vice President/ Treasurer/Secretary: | Angelena Y. Clayton | 3570 Keith Street, NW Cleveland, TN 37312 |
| Assistant Secretary: | Joan E. Thurmond | 3570 Keith Street, NW Cleveland, TN 37312 |
| Assistant Secretary: | Cindy S. Cross | 3570 Keith Street, NW Cleveland, TN 37312 |

Directors:

| | |
|---------------------|---|
| Forrest L. Preston | 3570 Keith Street, NW Cleveland, TN 37312 |
| Angelena Y. Clayton | 3570 Keith Street, NW Cleveland, TN 37312 |