

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # M02000002314

1. Entity Name  
LC HEALTHCARE HOLDING COMPANY, LLC



Principal Place of Business

3570 KEITH STREET, N.W.  
CLEVELAND, TN 37312

Mailing Address

3570 KEITH STREET, N.W.  
CLEVELAND, TN 37312



01312005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
75-3079050

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PRESTON, FORREST L
STREET ADDRESS	3570 KEITH STREET, N.W.
CITY- ST- ZIP	CLEVELAND, TN 37312
TITLE	VST
NAME	CLAYTON, ANGELENA Y
STREET ADDRESS	3570 KEITH STREET, N.W.
CITY- ST- ZIP	CLEVELAND, TN 37312
TITLE	VAS
NAME	CROSS, CINDY S
STREET ADDRESS	3570 KEITH STREET, N.W.
CITY- ST- ZIP	CLEVELAND, TN 37312
TITLE	AS
NAME	THURMOND, JOAN E
STREET ADDRESS	3570 KEITH STREET, N.W.
CITY- ST- ZIP	CLEVELAND, TN 37312
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

100000281141  
03/30/05-80048-003 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**MAR 11 2005**

Date

Daytime Phone #