


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90433 044 ****50.00

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 75-3079050	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRESTON, FORREST L 3570 KEITH STREET, N.W. CLEVELAND, TN 37312	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST CLAYTON, ANGELENA Y 3570 KEITH STREET, N.W. CLEVELAND, TN 37312	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS CROSS, CINDY S 3570 KEITH STREET, N.W. CLEVELAND, TN 37312	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS THURMOND, JOAN E 3570 KEITH STREET, N.W. CLEVELAND, TN 37312	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
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. LC Healthcare Holding Company, LLC By: Developers Investment Company II, Inc., Corporate Manager SIGNATURE: By: <i>Joan E. Thurmond</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				3/29/07 (423) 473-5868 <small>Date Daytime Phone #</small>	

Joan E. Thurmond, Assistant Secretary