

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-06-2008 90003 014 ***138.75

DOCUMENT # M02000002314

1. Entity Name
LC HEALTHCARE HOLDING COMPANY, LLC



60039487



01252008 Chg-LLC CR2E083 (12/06)

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PRESTON, FORREST L 3570 KEITH STREET, N.W. CLEVELAND, TN 37312	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DEVELOPERS INVESTMENT COMPANY II, INC 3570 KEITH ST NW CLEVELAND, TN 37312	<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
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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"/> 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:

Joan E. Thurmond

4-14-08

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

Date

Daytime Phone #

Joan E. Thurmond, Assistant Secretary of Corporate Manager

ATTACHMENT
60039487
1102000002314
EXHIBIT "A"

LC Healthcare Holding Company, LLC
3570 Keith Street, NW
Cleveland, TN 37312

Members

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

Corporate Manager

Developers Investment Company II, Inc.

Officers

N/A

ATTACHMENT
60039487
M02000002314
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