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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M02000002342

1. Entity Name

INVERRARY MEDICAL INVESTORS, LLC



Principal Place of Business

3570 KEITH STREET NW
CLEVELAND, OH 37312

Mailing Address

3570 KEITH STREET NW
CLEVELAND, OH 37312

FILED

2004 AUG 16 PM 3:34

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



07162004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

76-0712497

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
PRESTON, FORREST L
3570 KEITH STREET NW
CLEVELAND, OH 37312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VST
CLAYTON, ANGELENA Y
3570 KEITH STREET NW
CLEVELAND, OH 37312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
CROSS, CINDY S
3570 KEITH STREET NW
CLEVELAND, OH 37312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
THURMOND, JOAN E
3570 KEITH STREET NW
CLEVELAND, OH 37312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

400040580184
08/27/04--01036--001 **50.00

DO NOT WRITE
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)(i), 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

Date

Daytime Phone #

Joan E. Thurmond, Assistant Secretary 8/13/04 (423) 473-5868

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EXHIBIT "A"

Inverrary Medical Investors, 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

Officers

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