# 2008 LIMITED LIABILITY COMPANY

#### May 06, 2008 8:00 am Secretary of State **ANNUAL REPORT** 05-06-2008 90003 016 \*\*\*138.75 DOCUMENT # M02000002342 1. Entity Name INVERRARY MEDICAL INVESTORS, LLC Principal Place of Business Mailing Address 3570 KEITH STREET NW 60039485 3570 KEITH STREET NW CLEVELAND, OH 37312 CLEVELAND, OH 37312 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 76-0712497 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 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, typed or printed name of registered agent and title if applicable (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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR TITLE Delete TITLE ☐ Change ☐ Addition NAME PRESTON, FORREST L NAME 3570 KEITH STREET NW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEVELAND, OH 37312 CITY-ST-ZIP MGR TITLE ☐ Change ☐ Addition TITLE ☐ Delete DEVELOPERS INVESTMENT COMPANY II, INC. NAME NAME STREET ADDRESS 3570 KEITH ST NW STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CLEVELAND, TN 37312 ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Channe ☐ Addition Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

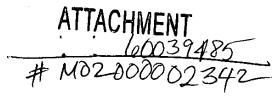
**FILED** 

Joan E. Thurmond-Assistant Secretary of Corporate Manager

NUTHORIZED REPRESENTATIVE

Daytime Phone #

SIGNATURE:



## **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

Corporate Manager

Developers Investment Company II, Inc.

#### **Officers**

N/A



# **EXHIBIT "A"**

Developer's 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