

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
08 JAN 24 PM 2:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M02000002762

1. Entity Name  
ESCAMBIA MEDICAL INVESTORS, LLC



Principal Place of Business  
3570 KEITH STREET NW  
CLEVELAND, TN 37312

Mailing Address  
3570 KEITH STREET NW  
CLEVELAND, TN 37312



01222008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
33-1025554

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

*PK*

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PRESTON, FORREST L 3570 KEITH STREET NW CLEVELAND, TN 37312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DEVELOPERS INVESTMENT COMPANY II, INC 3570 KEITH ST NW CLEVELAND, TN 37312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Please see attached Exhibits
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

500116364415  
01/29/08--01037--010 \*\*138.75

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IN THIS SPACE**

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.

Escambia Medical Investors, LLC  
By: Developers Investment Company II, Inc., corporate manager

SIGNATURE: By: *Joan E. Thurmond*

1/22/08

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

Date

Daytime Phone #

Joan E. Thurmond, Assistant Secretary of Corporate Manager

MO2000002762

**EXHIBIT "A"**

**Escambia Medical Investors, LLC  
3570 Keith Street, NW  
Cleveland, TN 37312**

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**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

MO200000 2762

EXHIBIT "A"

Developers Investment Company II, Inc.  
3570 Keith Street, NW  
Cleveland, TN 37312  
(423) 473-5868

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**Officers:**

<b>President:</b>	Forrest L. Preston	3570 Keith Street, NW Cleveland, TN 37312
<b>Vice President/ Treasurer/Secretary:</b>	Angelena Y. Clayton	3570 Keith Street, NW Cleveland, TN 37312
<b>Assistant Secretary:</b>	Joan E. Thurmond	3570 Keith Street, NW Cleveland, TN 37312
<b>Assistant Secretary:</b>	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