2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2004
Secretary of State

DOCUMENT# M03000001989

Entity Name: NORTH PORT HOSPITAL HOLDINGS, LLC

Current Principal Place of Business:

2524 OSPREY AVENUE SOUTH
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

2524 OSPREY AVENUE SOUTH
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 47-0901572 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MENKE, FRANK II
2524 OSPREY AVENUE SOUTH
SARASOTA, FL 34239

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: MENKE, FRANK III
Address: 2524 OSPREY AVENUE SOUTH
City-St-Zip: SARASOTA, FL 34239

Title: MGRM ( ) Delete
Name: FULLENKAMP, DENNIS J
Address: 2911 NE PINE ISLAND ROAD
City-St-Zip: CAPE CORAL, FL 33909

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: FRANK MENKE III MGRM 04/20/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date