

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000001989

**FILED**  
**Apr 21, 2010**  
**Secretary of State**

**Entity Name:** NORTH PORT HOSPITAL HOLDINGS, LLC

**Current Principal Place of Business:**

1549 RINGLING BLVD.  
SUITE 101  
SARASOTA, FL 34236

**New Principal Place of Business:**

1718 MAIN STREET  
SUITE 303  
SARASOTA, FL 34236

**Current Mailing Address:**

P.O. BOX 49437  
SARASOTA, FL 342306437

**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 III, FRANK  
1549 RINGLING BLVD.  
SUITE 101  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

MENKE III, FRANK  
1718 MAIN STREET  
SUITE 303  
SARASOTA, FL 34236 US

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:

04/21/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MENKE III, FRANK  
Address: 1718 MAIN STREET, STE 303  
City-St-Zip: SARASOTA, FL 34236

I hereby 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

04/21/2010

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