

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000004224

FILED  
May 25, 2004  
Secretary of State

**Entity Name:** VANGUARD HEALTH SERVICES, LLC

**Current Principal Place of Business:**

600 REPUBLIC CENTRE  
CHATTANOOGA, TN 37450

**New Principal Place of Business:**

**Current Mailing Address:**

600 REPUBLIC CENTRE  
CHATTANOOGA, TN 37450

**New Mailing Address:**

**FEI Number:** 43-2008694

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PETERS, HUGH M  
TOTAL PATIENT CARE HOME HEALTH, INC.  
6820 SOUTHPOINT PKWY., STE 4  
JACKSONVILLE, FL 32216 US

**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:** MGR ( ) Delete  
**Name:** ARRINGTON, RONALD  
**Address:** 600 REPUBLIC CENTRE  
**City-St-Zip:** CHATTANOOGA, TN 37450

**Title:** MGR ( ) Delete  
**Name:** PETERS, HUGH M  
**Address:** 307 MARSH POINT CIRCLE  
**City-St-Zip:** ST AUGUSTINE, FL 32080

**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:** HUGH M. PETERS

MGR

05/25/2004

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