

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90492 040 \*\*\*\*50.00

**DOCUMENT # M03000004315**

1. Entity Name  
**MOB 6 OF FLORIDA, LLC**



Principal Place of Business  
**4525 HARDING ROAD, SUITE 102  
NASHVILLE, TN 37205**

Mailing Address  
**4525 HARDING ROAD, SUITE 102  
NASHVILLE, TN 37205**

2. Principal Place of Business  
**3100 West End Avenue**  
Suite, Apt. #, etc.  
**Suite 800**

3. Mailing Address  
**3100 West End Avenue**  
Suite, Apt. #, etc.  
**Suite 800**

City & State  
**Nashville, TN 37**

City & State  
**Nashville, TN**

Zip Country  
**37203 USA**

Zip Country  
**37203 USA**

03162004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**26-0077433**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE **MGRM** ☐ Delete  
NAME **MEDICAL OFFICE BUILDINGS OF FLORIDA, LLC**  
STREET ADDRESS **4525 HARDING ROAD, SUITE 102**  
CITY-ST-ZIP **NASHVILLE, TN 37205**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **Medical Office Buildings of Florida, LLC**  
STREET ADDRESS **3100 West End Avenue, Suite 800**  
CITY-ST-ZIP **Nashville, TN 37203**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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:**

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

**Thomas M. Klaritch,  
Senior VP of Member**

**3/26/4**

Date

**(615) 324-6900**

Daytime Phone #