

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000003893

Entity Name: IASIS HEALTHCARE LLC

FILED  
Feb 17, 2005  
Secretary of State

**Current Principal Place of Business:**

117 SEABOARD LANE, BUILDING E  
FRANKLIN, TN 37087

**New Principal Place of Business:**

117 SEABOARD LANE, BUILDING E  
FRANKLIN, TN 37067

**Current Mailing Address:**

117 SEABOARD LANE, BUILDING E  
FRANKLIN, TN 37087

**New Mailing Address:**

117 SEABOARD LANE, BUILDING E  
FRANKLIN, TN 37067

FEI Number: 20-1150104

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MGRM ( ) Delete  
Name: IASIS HEALTHCARE COR, PORATION  
Address: 117 SEABOARD LANE, BUILDING E  
City-St-Zip: FRANKLIN, TN 37087

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: IASIS HEALTHCARE COR, PORATION  
Address: 117 SEABOARD LANE, BUILDING E  
City-St-Zip: FRANKLIN, TN 37067 US

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: KAREN H. ABBOTT, ASSISTANT SECRETARY

ASST

02/17/2005

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