
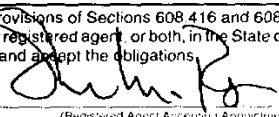
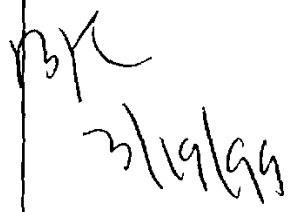
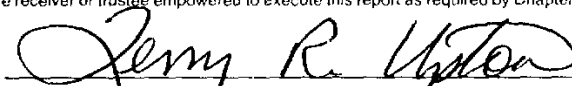


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 M9800000117 DIVISION OF CORPORATIONS		99 MAR 19 PM 3: 56	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M9800000117 THE VILLAGES REGIONAL MEDICAL CENTER, L.L.C. 1100 MAIN STREET LADY LAKE FL 32159		1a. Principal Place of Business Address 1100 MAIN STREET LADY LAKE FL 32159			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 02/09/1998 3a. State of Formation DE 4. FEI Number 59-3497622 APPLIED-FOR 5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent UPTON, TERRY R 1100 MAIN STREET LADY LAKE FL 32159		8. Name and Address of New Registered Agent/Office Name STEVE ROY Street Address (P.O. Box Number is Not Acceptable) 1100 MAIN STREET, SUITE 211 Suite, Apt. #, etc. City THE VILLAGES, FL Zip Code 32159			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE  DATE 3/3/99 (Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when renewing.)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	UPTON, TERRY R	1100 MAIN STREET		LADY LAKE FL	
				3000002812733-7 -03/22/99--01001--014 ****188.75 ****188.75	
11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address. SIGNATURE:  3/12/99 352-753-6900 SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MEMBER OR MANAGER) (Type Name)					