



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-05-2004 90492 034 ****50.00

DOCUMENT # M99000001262 1. Entity Name MEDICAL OFFICE BUILDINGS OF FLORIDA, LLC					
Principal Place of Business 4525 HARDING RD., SUITE 102 NASHVILLE, TN 37205			Mailing Address 4525 HARDING RD., 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		City & State Nashville, TN		4. FEI Number 62-1789796	
Zip 37203		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM MEDCAP PROPERTIES I, LLC 4525 HARDING RD., SUITE 102 NASHVILLE, TN 37205	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ELCAN, CHARLES A 4525 HARDING RD SUITE 102 NASHVILLE, TN 37205	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KLARITCH, THOMAS M 4525 HARDING RD SUITE 102 NASHVILLE, TN 37205	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: By: _____ 3/22/04 (615) 324-6900 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # Thomas M. Klaritch, Senior VP of Managing Member					