2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2005
Secretary of State

DOCUMENT# Z00124

Entity Name: WOODLAWN MEDICAL CENTER, L.C.

Current Principal Place of Business:

2100 16TH STREET NORTH
ST. PETERSBURG, FL 33704

New Principal Place of Business:

Current Mailing Address:

2100 16TH STREET NORTH
ST. PETERSBURG, FL 33704

New Mailing Address:

FEI Number: 59-2493390 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAMRICH, ROBERT H
2100 - 16TH STREET NORTH
ST. PETERSBURG, FL 33704 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:	PELL, DONALD M	
Address:	2106 16 ST. NORTH	
City-St-Zip:	ST PETERSBURG, FL 33704	
Title:	MGR	( ) Delete
Name:	HAMRICH, ROBERT H JR	
Address:	2100 16TH STREET NORTH	
City-St-Zip:	ST. PETERSBURG, FL 33704	
Title:	MGR	( ) Delete
Name:	SIMMLER, DON	
Address:	2106 16 ST. NORTH	
City-St-Zip:	ST PETERSBURG, FL 33704	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: ROBERT H. HAMRICH, JR MGR 03/09/2005

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