

2002 UNIFORM BUSINESS REPORT (UBR)

0007696 AT

DOCUMENT # **A25757**

1. Entity Name

LAKE MARY MEDICAL CENTER, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 11 PM 2:03



Principal Place of Business

**2500 W. LAKE MARY BLVD.
SUITE 101
LAKE MARY FL 32746**

Mailing Address

**2500 W. LAKE MARY BLVD.
SUITE 101
LAKE MARY FL 32746**

2. Principal Place of Business

**2500 W. Lake Mary Blvd.
Suite, Apt. #, etc.
Suite 215**

3. Mailing Address

**2500 W. Lake Mary Blvd.
Suite, Apt. #, etc.
Suite 215**

DUE BY MAY 1, 2002

City & State
Lake Mary, FL

City & State
Lake Mary, FL

4. FEI Number
59-2383184

Applied For
Not Applicable

Zip Country
32746 U.S.A.

Zip Country
32746 U.S.A.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WALTHER, PATRICK B
2500 W. LAKE MARY BLVD.
SUITE 101
LAKE MARY FL 32746**

7. Name and Address of New Registered Agent

Name
WALTHER, PATRICK B
Street Address (P.O. Box Number is Not Acceptable)
**2500 W. Lake Mary Blvd.
Suite 215**
City **Lake Mary** **FL** Zip Code **32746**

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.

SIGNATURE

Patrick B. Walther

DATE

Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions
as Shown on record.

\$350,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$350,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **G56657**
NAME **FLORIDA CASUAL, INC.**
STREET ADDRESS **2500 W LAKE MARY BLVD.**
CITY-ST-ZIP **LAKE MARY FL**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Patrick B. Walther* **Patrick B. Walther**

2/6/2002

407-330-5980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE