

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L600000** *5948*

1. Entity Name

PORT ORANGE MEDICAL CENTER, LLC

Principal Place of Business

Mailing Address

802 STERTHAUS, AVE., SUITE C
ORMOND BEACH, FL 32174

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

U.S.

Zip

Country

4. FEI Number

59-3652224

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 APR -2 PM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

MICHAEL K. MAKOWSKI

Street Address (P.O. Box Number is Not Acceptable)

802 STERTHAUS AVE., SUITE C

City

ORMOND BEACH,

FL

Zip Code

32174

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

Michael K. Makowski

MICHAEL K MAKOWSKI

3/14/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

100003994431--8
-04/12/01--01066--023
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP MICHAEL K. MAKOWSKI, MGRM ☐ Change ☒ Addition
802 STERTHAUS AVE., SUITE C
ORMOND BEACH, FL 32174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Kenneth L. Cate, MGR ☐ Change ☒ Addition
1041 Dunlawton Avenue, Suite 210
Port Orange, FL 32127

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Michael K. Makowski

3/14/01

(904) 672-4244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #