

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90750 040 \*\*\*\*\*50.00

**DOCUMENT # L00000005948**

1. Entity Name

**PORT ORANGE MEDICAL CENTER, L.C.**



Principal Place of Business

**790 DUNLAWTON AVENUE  
SUITE A  
PORT ORANGE FL 32127**

Mailing Address

**790 DUNLAWTON AVENUE  
SUITE A  
PORT ORANGE FL 32127**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3652224**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SPERTUS, ALAN P MD  
790 DUNLAWTON AVENUE, STE A  
PORT ORANGE FL 32127**

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

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete  
NAME **SPERTUS, ALAN D MD**  
STREET ADDRESS **790 DUNLAWTON AVENUE, STE A**  
CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE **V** ☐ Delete  
NAME **PARR, GREG**  
STREET ADDRESS **790 DUNLAWTON AVENUE, STE H**  
CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE **S** ☐ Delete  
NAME **BILLMEIER, DAVE MD**  
STREET ADDRESS **790 DUNLAWTON AVENUE, STE E**  
CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE **T** ☐ Delete  
NAME **RUST, JAY**  
STREET ADDRESS **790 DUNLAWTON AVENUE, STE C**  
CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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:**

**SIGNATURE REQUIRED**

**4/8/03**

**(386) 967-0053**

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

Date

Daytime Phone #

CR2E083 (10/02)