

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015885

1. Entity Name

BHG PROPERTIES, LLC

Principal Place of Business

Mailing Address

2814 W. Virginia Avenue
Tampa, FL 33607

FILED

01 APR 13 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

59-3688444

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Albert Silva, Atty
Amis Mitchell
Suite 2200
One Tampa City Center
Tampa FL 33601

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.

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 Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME Delete
Matthew Glover, MD
4209 W. Colbrith Ave.
Tampa, FL 33609 MGRM

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
Anthony Goldman, MD
3304 W. Morland Drive
Tampa FL 33618 MGR

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP
300004034709--9
-04/20/01--01032--004
*****50.00 *****50.00

TITLE NAME Delete
James Irwin, MD
16054 Penwood Dr.
Tampa FL 33647 MGR

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
Xavier Prida
2626 S. Dundee Blvd.
Tampa, FL 33629 MGR

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
John Toole
4415 Bayshore Blvd
Tampa FL 33611 MGRM

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/13/01

Date

(813) 875-9000

Daytime Phone #

CR2E083 (11/00)