2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L98000003305

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 14 PM 2:23

1. Entity Name
CONCEPT MEDICAL REALTY, L.C.

Principal Place of Business	Mailing Address
2290 TENTH AVENUE NORTH. SUITE 301 LAKE WORTH FL 33461-6609	2290 TENTH AVENUE NORTH. SUITE 301 LAKE WORTH FL 33461-6609

DO NOT WRITE IN THIS SPACE

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 65-0890511 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MCCRACKEN, JOHN B
505 SOUTH FLAGLER DRIVE, SUITE 1100
WEST PALM BEACH FL 33401

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEIPPER, WARREN 2290 TENTH AVENUE NORTH, SUITE 301 LAKE WORTH FL 33461	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition mf 2/23/00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 300003148733--0 -02/28/00--01016--003 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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

CR2E083 (9/99)

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #