

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L98000003305

FILED

01 APR 30 PM 5:24

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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

Principal Place of Business 2290 TENTH AVENUE NORTH, SUITE 301 LAKE WORTH FL 33461-6609	Mailing Address 2290 TENTH AVENUE NORTH, SUITE 301 LAKE WORTH FL 33461-6609
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2. Principal Place of Business 2290 10th AVENUE N.	3. Mailing Address 2290 10th AVENUE NORTH
Suite, Apt. #, etc. SUITE 101	Suite, Apt. #, etc. SUITE 101

DO NOT WRITE IN THIS SPACE

MJH

City & State LAKE WORTH, FL	City & State LAKE WORTH, FL	4. FEI Number 65-0890511	Applied For <input type="checkbox"/> Not Applicable
Zip 33461-6609	Country US	5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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 _____ (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 MGR	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME KEIPPER, WARREN		NAME	
STREET ADDRESS 2290 TENTH AVENUE NORTH, SUITE 301		STREET ADDRESS 2290 10th AVENUE NORTH, SUITE 101	
CITY-ST-ZIP LAKE WORTH FL 33461		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **WARREN C. KEIPPER** 4/24/01 561-540-8100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)