

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008171

1. Entity Name

OAKTREE MEDICAL CENTER, L.C.

Principal Place of Business

4620 NORTH HABANA AVE., STE. 203
TAMPA FL 33614

Mailing Address

P.O. BOX 152495
TAMPA FL 33684

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3610305

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

YANGCO, JADWIGA K
4620 NORTH HABANA AVE., STE. 203
TAMPA FL 33614

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

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
YANGCO, BIENVENIDO G
4620 NORTH HABANA AVE., STE. 203
TAMPA FL 33614 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
YANGCO, JADWIGA K
4620 NORTH HABANA AVE., STE. 203
TAMPA FL 33614 ☐ Delete

TITLE
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CITY-ST-ZIP
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10. ADDITIONS/CHANGES

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

TITLE
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CITY-ST-ZIP
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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

Date

Daytime Phone #

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90035 032 ****50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)