

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

lga

0070636

DOCUMENT # M02000002762

1. Entity Name
ESCAMBIA MEDICAL INVESTORS, LLC



FILED
03 MAY -2 PM 5:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
3570 KEITH STREET NW 3570 KEITH STREET NW
CLEVELAND TN 37312 CLEVELAND TN 37312



CHECK HERE IF MAKING CHANGES

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 Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Please see attached Exhibit "A"
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600017852986 05/02/03--01003--023 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>BK</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** 4/29/03 (423) 473-5868

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

CR2E083 (10/02)

282

03 MAY - 2 PM 3:17
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EXHIBIT "A"

Escambia Medical Investors, LLC
3570 Keith Street, NW
Cleveland, TN 37312

Members

Forrest L. Preston	3570 Keith Street, NW	Cleveland, TN 37312
Developers Investment Company II, Inc.	3570 Keith Street, NW	Cleveland, TN 37312

Officers

Chief Manager	Forrest L. Preston	3570 Keith Street, NW	Cleveland, TN 37312
Vice President / Secretary / Treasurer	Angelena Y. Clayton	3570 Keith Street, NW	Cleveland, TN 37312
Vice President / Assistant Secretary	Cindy S. Cross	3570 Keith Street, NW	Cleveland, TN 37312
Assistant Secretary	Joan E. Thurmond	3570 Keith Street, NW	Cleveland, TN 37312