

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000806**

1. Entity Name
SUNRISE REGIONAL MEDICAL CENTER, LTD.



FILED
03 MAY -2 PM 7:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAJH

Principal Place of Business
**555 S.W. 148TH AVENUE
SUNRISE FL 33325**

Mailing Address
**555 S.W. 148TH AVENUE
SUNRISE FL 33325**



2. Principal Place of Business
1550 Madruga Avenue

3. Mailing Address
P.O. Box 430740

Suite, Apt. #, etc.
Suite 208

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
Coral Gables, FL

City & State
Miami, FL 33243-0740

4. FEI Number **65-0824028**

Applied For
Not Applicable

Zip Country
33146 U.S.A.

Zip Country
33243-0740 U.S.A.

5. Certificate of Status Desired **XX** **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. **\$500,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P98000024935**
NAME **SUNRISE REGIONAL, INC.**
STREET ADDRESS **555 S.W. 148TH AVENUE**
CITY-ST-ZIP **SUNRISE FL 33325**

STREET ADDRESS **1550 Madruga Avenue Suite 208**
CITY-ST-ZIP **Coral Gables, FL 33146**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS **800017904118**
CITY-ST-ZIP **05/02/03--01074--019 **535.00**

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CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED** **Manuel L. Llano**

4/28/03

305-663-4656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

0011439 AT