Jul 31, 2003 8:00 am Secretary of State

07-31-2003 90106 001 *1,100.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

F02000002593

1. Entity Name

MHC/LCA FLORIDA, INC.

			1	O WE TANK			
Principal Place of Business ONE RAVINIA DRIVE. SUITE 1500 ATLANTA GA 30346		Mailing Address ONE RAVINIA DRIVE. SUITE 1500 ATLANTA GA 30346		55052877			
							12:12
2. Principal Place of Business		3. Mailing Address		}	di Bu dit Bu ri u di bu t B iriu		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			(19 CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 02.0527025 Applied For			
		1		_ ,	4. FEI Number 02-0537035	 	ot Applicable
Z ip	Country	Zip	Country	:	5. Certificate of Status Desired	□ \$8.75 Add Fee Require	
	6. Name and Address of Current R	egistered Agent			7. Name and Address of New Regis	tered Agent	
0.7.000	DODITION OVOTEN		Name			· -	
	PORATION SYSTEM		Street Address (P.O		P.O. Box Number is Not Acceptable)		
	UTH PINE ISLAND ROAD		ļ -				
PLANIAI	10N FL 33324		ļ				
	,	•	City		花光像 症	FL Zip Cod	е
	e named entity submits this statement for	the purpose of changing it	s registered office	or registere	ed agent, or both, in the State of Florida.	I am familiar with,	and accept
trie obliga	tions of registered agent.						
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable (NO	TE: Registered Agent sig	nature required	when reinetating	DATE	
		o line ii applicabile. (No	TE. Nogisterod Agent sig		what (Guistath b)		 -
	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750.0	no Ì			9. Election Campaign Financia		О мау Ве
	k Payable to Florida Department of				Trust-Fund-Contribution.	∐ Added	to Fees
10.	OFFICERS AND D	IRECTORS	11.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 11
TITLE	PD DARBEI	☐ Delete	TITLE	D	INE, JOHN O	☐ Change	XX Addition
NAME STREET ADDRESS	HAGER, DARREL ONE RAVINIA DRIVE, SUITE 1500		NAME STREET ADDRES	DNE &	RAVINIA DR., STE. 1500		
CITY-ST-ZIP	ATLANTA GA 30346		CITY-ST-ZIP		NTA GA 30346		
TITLE	VID	☐ Delete	TITLE	VT		Change	Addition
NAME	GENTRY, BOYD P		NAME	GENT	MY, BUYD P.	•	_
STREET ADDRESS	ONE RAVINIA DRIVE, SUITE 1500 ATLANTA GA 30346		STREET ADDRES		RAVINIA DR., STE. 1500	,	
CITY-ST-ZIP	V		CITY-ST-ZIP	11112	ANTA, GA 30346		678 - 100
TITLE NAME	GRAZZINI, BRIAN	🔀 Delete	TITLE NAME	TURN	ER, MICHAEL :	☐ Change	Addition
STREET ADDRESS	ONE RAVINIA DRIVE, SUITE 1500			ONE	RAVINIA DRISTE 1500.		
CITY-ST-ZIP	ATLANTA GA 30346		CITY-ST-ZIP	ATL	4 NTA, GA 38346		
TITLE	ALOTEDA A A A INC. I COLUMN	☐ Delete	TITLE	As		☐ Change	Addition
NAME STREET ADDRESS	NOTERMANN, JOHN ONE RAVINIA DRIVE, SUITE 1500		NAME STREET ADDRES	151Ms,	NYNN G.		
CITY-ST-ZIP	ATLANTA GA 30346		CITY-ST-ZIP		RAVINIA DR., STE. 1500 NMA, GA 30346		
TITLE	VAT	☐ Delete	TITLÉ	13112/1	1017, GA 3039V	☐ Change	Addition
NAME	STRAUB, WILLIAM C		NAME	-			
STREET ADDRESS	ONE RAVINIA DRIVE, SUITE 1500 ATLANTA GA 30346		STREET ADDRES	S			
CITY-ST-ZIP	VAS		CITY-ST-ZIP				
TITLE NAME	ZUROVEC, DARRELL	☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS	ONE RAVINIA DRIVE, SUITE 1500		STREET ADDRESS	. [•		

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

ATLANTA GA 30346

CITY-ST-ZIP

SIGNATURE: WARRANTE FWANTERISMS

7-7-03 Date

1078-2443-6775

Daytime Phone #

CR2E034 (4/03)