

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004508

1. Entity Name

MPA OCALA LLC

Principal Place of Business

C/O MEDICAL PROPERTIES OF AMERICA, INC.
310 25TH AVENUE N., SUITE 109
NASHVILLE TN 37203

Mailing Address

C/O MEDICAL PROPERTIES OF AMERICA, INC.
310 25TH AVENUE N., SUITE 109
NASHVILLE TN 37203

2. Principal Place of Business

310 25th Avenue North

Suite, Apt. #, etc.

Suite 100

City & State

Nashville, TN

Zip

Country

USA

3. Mailing Address

310 25th Avenue North

Suite, Apt. #, etc.

Suite 100

City & State

Nashville, TN

Zip

Country

USA

4. FEI Number

11-3546546

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

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 September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Chairman & CEO
Richard Treadway
310 25th Avenue North, Ste 100
Nashville, TN 37203

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President & COO
Wayne Buck
310 25th Avenue North, Ste 100

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President & CFO
Andrew Grisham
310 25th Avenue North, Ste 100
Nashville, TN 37203

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Executive VP & Secretary
Phillip Suiter
310 25th Avenue North Ste 100

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900004616289--8
-09/28/01--01043--DD2
*****50.00 *****50.00
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Wayne Buck
310 25th Avenue North, Ste 100
Nashville, TN 37203
☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 OF REGISTERED AGENT

Date

Daytime Phone #

9-20-01 615-429-4447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

0009465

CR2E083 (5/01)

STAPLE CHECK HERE