

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2002 8:00 am
Secretary of State

05-13-2002 90257 034 ****50.00

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 Ave. N.

Suite, Apt. #, etc.

Suite 100

City & State

Nashville TN

Zip

37203

Country

USA

3. Mailing Address

310 25th Ave. N.

Suite, Apt. #, etc.

Suite 100

City & State

Nashville TN

Zip

37203

Country

USA



DO NOT WRITE IN THIS SPACE

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**

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 restate)

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	CEO TREADWAY, RICHARD 310 25TH AVE. NORTH, STE. 100 NASHVILLE TN 37203	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUCK, WAYNE 310 25TH AVE. NORTH, STE. 100 NASHVILLE TN 37203	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRISHAM, ANDREW 310 25TH AVE. NORTH, STE. 100 NASHVILLE TN 37203	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS SUTER, PHILLIP 310 25TH AVE. NORTH, STE. 100 NASHVILLE TN 37203	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUCK, WAYNE 310 25TH AVE. NORTH, STE. 100 NASHVILLE TN 37203	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO, Chairman, Chief Manager and Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President and COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President and CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E083 (8/01)

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

Signature Required Andrew P. Grisham 4/29/02 (615) 342-0085

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

Date

Daytime Phone #

Attachment A

98690

L00000004SD8

MPA OCALA LLC

Richard Treadway, Chief Executive Officer and Secretary
Wayne Buck, President and Chief Operating Officer
Andrew Grisham, Vice President and Chief Financial Officer