

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000008821

1. Entity Name
TAMPA HOSPITAL, L.L.C.Principal Place of Business
4001 NORTH RIVERSIDE DRIVE
TAMPA FL 33603Mailing Address
P.O.BOX 8147
CHARLOTTESVILLE VA 22906

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
224-58-9518Applied For
Not Applicable

5. Certificate of Status Desired

 \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROLAND, DOUGLAS C
500 EAST KENNEDY BOULEVARD, SUITE 200
TAMPA FL 33602

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

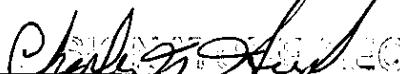
9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPSole member
Charles W. Hurt
195 Riverbend Drive
Charlottesville, Virginia 22911 Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP800004084378-3
-04/27/01--01037--017
*****50.00 *****50.00 Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
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.



Sole Member

4/12/01

804-979-8181

Date

Daytime Phone #

SIGNATURE:

C

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

032005

AB

FILED

01 APR 19 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)