

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012661

1. Entity Name

UNITED MEDICAL CENTER, LLC

APPROVED  
AND  
FILED

01 MAY 14 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

5818 S.R. 54  
NEW PORT RICHEY FL 34652

Mailing Address

5818 S.R. 54  
NEW PORT RICHEY FL 34652



DO NOT WRITE IN THIS SPACE

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

593676738

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

NAPOLITANO, PETER A ESQ.  
7617 LITTLE RD.  
NEW PORT RICHEY FL 34654

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  
PRESIDENT  
- DAKSHA B. PATEL  
5818 SR 54, NPR, FL 34652

☐ Delete

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

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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: Daksha B. Patel  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/10/01 727-849-4711  
Date Daytime Phone #