

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90014 013 *****55.00

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DOCUMENT # L00000012661

1. Entity Name

UNITED MEDICAL CENTER, LLC



Principal Place of Business

**5818 S.R. 54
NEW PORT RICHEY FL 34652**

Mailing Address

**5818 S.R. 54
NEW PORT RICHEY FL 34652**

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 **59-3676738**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **SUDHIR C. GUPTAN**

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

5818 S.R. 54

City **New Port Richey** FL Zip Code **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Sudhir Chandra Gupta* **SUDHIR CHANDRA GUPTAN** **May 9, 2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☒ Delete
NAME **PATEL, DAKSHA B**
STREET ADDRESS **5818 S.R. 54**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **P** ☒ Change ☐ Addition
NAME **ASHOK KUMAR**
STREET ADDRESS **5818 S.R. 54**
CITY-ST-ZIP **New Port Richey, FL 34652**

TITLE **D** ☐ Change ☒ Addition
NAME **SUDHIR CHANDRA GUPTAN**
STREET ADDRESS **5818 S.R. 54**
CITY-ST-ZIP **New Port Richey FL 34652**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ 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: *Sudhir Chandra Gupta* **SUDHIR CHANDRA GUPTAN** **May 9, 2003** **4711**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)