Mar 21 02 10:03a Law Offices

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Secretary of State
04-07-2002 90565 002 ****50.00

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013372

1. Entity Name
Pelican Medical Center L.L.C

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
616 E. Street	508 Jeffords ST	
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 1)	
City & State: Clearwater FLA	City & State: Clearwater, FLA	4. FEI Number: 593679747 ☐ Applied For ☐ Not Applicable
Zip: 33756 Country: USA	Zip: 33756 Country: USA	5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Gregory A. Fox

Street Address (P.O. Box Number is Not Acceptable): 28050 US 19 North

Suite 100

City: Clearwater Fla FL Zip Code: 33756

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] 3/21/02
Signature, typed or printed name of registered agent and title if applicable — Date

FEE IS $50.00
Make Check Payable to: Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	David J. Becker 508 Jeffords ST suite 1) Clearwater Fla. 33756	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Davindra Amin 2305 Kent Place Clearwater, Fl. 33764	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
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CR2E083B (12/01)

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 606, Florida Statutes.

SIGNATURE: [signature] 3/21/02
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date