

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000013695**1. Entity Name
OCEAN MEDICAL CENTER, L.L.C.

Principal Place of Business	Mailing Address
450 ROYAL PALM WAY, SUITE 401 C/O W. MORGAN SPEER PALM BEACH FL 33480	450 ROYAL PALM WAY, SUITE 401 C/O W. MORGAN SPEER PALM BEACH FL 33480

2. Principal Place of Business	3. Mailing Address
1800 AUSTRALIAN AVENUE SOUTH, SUITE 100	1800 AUSTRALIAN AVENUE SOUTH, SUITE 100

Suite, Apt. #, etc.	Suite, Apt. #, etc.
C/O W. MORGAN SPEER	C/O W. MORGAN SPEER

City & State	City & State
WEST PALM BEACH FL	WEST PALM BEACH FL

Zip	Country	Zip	Country
33409		33409	

4. FEI Number ☐ Applied For
☒ Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentSPEER W. MORGAN
450 ROYAL PALM WAY, SUITE 401

PALM BEACH FL 33480**7. Name and Address of New Registered Agent**Name
SPEER W. MORGAN
Street Address (P.O. Box Number is Not Acceptable)
1800 AUSTRALIAN AVENUE SOUTH, SUITE 100

City
WEST PALM BEACH FL Zip Code
33409

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 _____ DATE **04/26/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Department of State**9. MANAGING MEMBERS / MEMBERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
MGR	NEUBAUER RICHARD A	4001 OCEAN DRIVE SUITE 105	LAUDERDALE BY THE SEA FL 33308		

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: Richard A. Neubauer MGR 04/26/2001

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

Date

Daytime Phone #

CR2E083 (11/00)