

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000013695

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: OCEAN MEDICAL CENTER, L.L.C.

Current Principal Place of Business:

1800 AUSTRALIAN AVENUE SOUTH, SUITE 100
C/O W. MORGAN SPEER
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

1800 AUSTRALIAN AVENUE SOUTH, SUITE 100
C/O W. MORGAN SPEER
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SPEER, W. MORGAN
1800 AUSTRALIAN AVENUE SOUTH, SUITE 100
WEST PALM BEACH, FL 33409

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: NEUBAUER, RICHARD A
Address: 4001 OCEAN DRIVE SUITE 105
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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, M.D. MM 05/01/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date