

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000011916

FILED
May 29, 2002 8:00 AM
Secretary of State

Entity Name: LAKE BENNET MEDICAL CENTER DEVELOPERS, L.L.C.

Current Principal Place of Business:

11140 WEST COLONIAL DR., STE. 1
OCOE, FL 34761

New Principal Place of Business:

Current Mailing Address:

11140 WEST COLONIAL DR., STE. 1
OCOE, FL 34761

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUSWELL-CHARKOW, DON
11140 WEST COLONIAL DR., STE. 1
OCOE, FL 34761

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: MGRM () Delete
Name: BUSWELL-CHARKOW, DON
Address: 11140 WEST COLONIAL DR., STE. 1
City-St-Zip: OCOE, FL 34761

Title: MGRM () Delete
Name: FLORIN, JORGE
Address: 10000 WEST COLONIAL DR., STE. 288
City-St-Zip: OCOE, FL 34761

Title: MGRM () Delete
Name: WINGATE INTERNATIONAL, L, INC.
Address: P.O. BOX 220
City-St-Zip: KILLARNEY, FL 34760

ADDITIONS/CHANGES:

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

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

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: DON BUSWELL-CHARKOW

MGRM

05/29/2002

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