

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000012260

FILED  
Jan 22, 2002 8:00 AM  
Secretary of State

Entity Name: VISTOR HEALTH NETWORK LLC

## Current Principal Place of Business:

1147 AMELIA PLACE  
ESCONDIDO, CA 92026

## New Principal Place of Business:

8567 DYNASTY DRIVE  
BOCA RATON, FL 33433

## Current Mailing Address:

1147 AMELIA PLACE  
ESCONDIDO, CA 92026

## New Mailing Address:

FEI Number: 04-3588898

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HARRIS, SHARON  
4 WEST LAS OLAS BLVD., #900  
FT. LAUDERDALE, FL 33301 US

## Name and Address of New Registered Agent:

COTE, KEITH D  
8567 DYNASTY DRIVE  
BOCA RATON, FL 33433 US

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: KEITH D. COTE

01/22/2002

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition  
Name: WOO-MING, MICHAEL A MD  
Address: 1147 AMELIA PLACE  
City-St-Zip: ESCONDIDO, CA 92026

Title: MGR ( ) Change (X) Addition  
Name: COTE, KEITH D  
Address: 8567 DYNASTY DRIVE  
City-St-Zip: BOCA RATON, FL 33433

Title: MGR ( ) Change (X) Addition  
Name: LAVEY, NEIL D  
Address: 8567 DYNASTY DRIVE  
City-St-Zip: BOCA RATON, FL 33433

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: MICHAEL A. WOO-MING/MICHAEL A. WOO-MING

MGR

01/22/2002

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