

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90337 001 ***250.00

DOCUMENT # L01000013375

1. Entity Name:

Shawnee Health Care Management, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:

400 Perimeter Center Terrace

3. Mailing Address:

Same

Suite, Apt. #, etc.:

Suite 650

Suite, Apt. #, etc.:

City & State:

Atlanta, GA

City & State:

Zip:

30346

Country:

USA

Zip:

Country:

4. FFI Number:

58-2642938

Applied For:

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name:

CT Corporation System

Street Address (if different from principal place of business):

1200 South Pine Island

City:

Plantation

FL

Zip Code
33324

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 typed or printed name of registered agent, as 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-STATE-ZIP	MGRM Alan C. Dahl 400 Perimeter Center Terrace, Ste 650 Atlanta, GA 30346
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 60B, Florida Statutes.

SIGNATURE:

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

Alan C. Dahl

Date:

770/698-9040

Daytime Phone:

CR2E083B (12/01)