

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000014825

FILED  
Mar 21, 2002 8:00 AM  
Secretary of State

**Entity Name:** ADENTA PATIENT FINANCING, LLC

**Current Principal Place of Business:**

2502 NORTH ROCKY POINT DRIVE  
SUITE 1000  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

2502 NORTH ROCKY POINT DRIVE  
SUITE 1000  
TAMPA, FL 33607

**New Mailing Address:**

**FEI Number:** 59-3752080

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, DARRELL C  
101 EAST KENNEDY, SUITE 2800  
SHUMAKER, LOOP & KENDRICK, LLP  
TAMPA, FL 33602

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

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

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

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

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

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: WILLIAMS, JENNIFER MRS.  
Address: 401 EAST JACKSON STREET  
City-St-Zip: TAMPA, FL 33602

Title: MGRM ( ) Change (X) Addition  
Name: LINKFIELD, CARY MR.  
Address: 2907 BAY-TO-BAY BLVD., SUITE 214  
City-St-Zip: TAMPA, FL 33629

Title: MGRM ( ) Change (X) Addition  
Name: DIASTI FAMILY LIMITE, D PARTNERSHIP  
Address: 2502 N ROCKY POINT DR., SUITE 1000  
City-St-Zip: TAMPA, FL 33607

Title: MGRM ( ) Change (X) Addition  
Name: SMITH, DARRELL MR.  
Address: 101 E. KENNEDY BLVD, SUITE 2800  
City-St-Zip: TAMPA, FL 33602

Title: MGRM ( ) Change (X) Addition  
Name: ROBBINS, LEE MR.  
Address: 2907 BAY-TO-BAY BLVD., SUITE 214  
City-St-Zip: TAMPA, FL 33629

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: DARRELL SMITH

MGRM

03/21/2002

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