

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000011899

1. Entity Name

IASIS USA, LC



FILED

03 APR 18 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

Principal Place of Business

14 S. SWINTON AVENUE  
DELRAY BEACH FL 33444

Mailing Address

14 S. SWINTON AVENUE  
DELRAY BEACH FL 33444

2. Principal Place of Business

255 NE 6TH AVE

3. Mailing Address

255 NE 6TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

DELRAY BEACH, FL

City &amp; State

DELRAY BEACH, FL

Zip

33483

Country

USA

Zip

33483

Country

USA

4. FEI Number

EXEMPT

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMITHER, ROBERT M JR.  
14 S. SWINTON AVENUE  
DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent

Name

WINTZER, WILLIAM R.

Street Address (P.O. Box Number is Not Acceptable)

255 NE 6TH AVE

City

DELRAY BEACH

FL

Zip Code

33483

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

WILLIAM R. WINTZER MGR

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/03

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	GOODYEAR, KIMBERLY A.	
STREET ADDRESS	125 LA POSTA ROAD	
CITY-ST-ZIP	TADS, NM 87571	

TITLE	MGR	<input type="checkbox"/> Delete
NAME	SAN MARTIN, MARTA	
STREET ADDRESS	255 NE 6TH AVE	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	

TITLE	MGR	<input type="checkbox"/> Delete
NAME	WINTZER, WILLIAM R.	
STREET ADDRESS	255 NE 6TH AVE	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300016238313	
CITY-ST-ZIP	04/18/03--01021--013 **50.00	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

WILLIAM R. WINTZER 4/14/03 (561) 243-2400

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

Date

Daytime Phone #