2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0049639

DOCUMENT # L02000018054

1. Entity Name

UNIVERSITY OF FLORIDA HEALTH SERVICES INSTITUTE, LLC

FILED

03 JUN 18 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
J. HILLIS MILLER HEALTH CENTER, RM. M-110 P.O. BOX 100215 GAINESVILLE FL 32610	J. HILLIS MILLER HEALTH CENTER, RM. M-110 P.O. BOX 100215 GAINESVILLE FL 32610

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THARP, WILLIAM W 1329 S.W. 16TH STREET, SUITE 4250 GAINESVILLE FL 32608	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

900017848359
05/01/03--01084--014 **50.00

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ☐ Change ☒ Addition Southeastern Healthcare Foundation, Inc. 1600 SW Archer Road Gainesville FL 32608
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ☐ Change ☒ Addition C. Craig Tisher, Dean of the College of Medicine for the University of Florida, ex officio 1600 SW Archer Road Gainesville FL 32608
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted]
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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: C. Craig Tisher SIGNATURE REQUIRED C. Craig Tisher, M.D., Dean of the College of Medicine (352) 846-2473

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #