## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000031654

1. Entity Name

EICHENFELD OAKS MEDICAL CENTER, LLC



FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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		and the state of t	a de la compania Servicia de compania	i program tem engligist Dinggram pagasan a salang				
2. Principal Place of Business		3. Mailing Address						(
Suite, Apt. #, etc.		Suite, Apt. #, etc.			4/18	DO NOT WRITE	E IN THIS SPACE	MJH
City & State		City & State			4. FE Numbe	94054		Applied For
Zip	Country	Zip ,	. Country		i		~ \$5.0	Not Applicable  Additional
				Fee Required				
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	DITE	Name						
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	PACE							
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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.  800016238028 04/18/0301021000 **50.00								
SIGNATURE						/0301021		<u>0.00</u>
Signature, typed or printed name of registered agent and title if applicable.  DATE  PER US PEO OR								
FEE IS \$50.00  Make Check Payable to Florida Department of State								
	•			(MAY 1				Ì
9.	MANAGING MEMBI	ERS/MANAGERS	CHISHES HARVE			all management of class, in the case means and	Land the call the affile in the cart.	
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NAME	STEWART G. SMIT 4102 CAUSELVAY 131	H	NAM	E .				
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CITY-ST-ZIP	<del></del>		Mary Brand	-ST-ZIP			nes de de respecto de la companya d La companya de la co	
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 68. Florida Statutes.								
limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.								

PED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE