

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94000000474

1. Entity Name

NORTH FLORIDA REGIONAL MEDICAL CENTER-GAINESVILL

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 24 AM 11:40

Principal Place of Business

6440 W NEWBERRY RD
SUITE 402
GAINESVILLE FL 32605

Mailing Address

6440 W NEWBERRY RD
SUITE 402
GAINESVILLE FL 32605-4370



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

59-3279882

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LELLI, KIM M
6500 NEWBERRY RD.
GAINESVILLE FL 32605

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☐ Delete
NAME ROBINSON, BRIAN
STREET ADDRESS 6440 W NEWBERRY RD
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE MGR ☐ Delete
NAME LELLI, KIM
STREET ADDRESS 6440 W NEWBERRY RD
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE MGR ☐ Delete
NAME EARNEST, WILLIAM
STREET ADDRESS 6440 W NEWBERRY RD
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE MGR ☐ Delete
NAME ZAVELSON, THOMAS M.D.
STREET ADDRESS 6440 W. NEWBERRY RD., #402
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Kim M Lelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/18/00

Date

352-333-4107

Daytime Phone #

CR2E083 (9/99)