

2001 UNIFORM BUSINESS REPORT (UBR)

002493 AF

DOCUMENT # L94000000474

1. Entity Name
NORTH FLORIDA REGIONAL MEDICAL CENTER-GAINESVILLE
PHO

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -6 PM 2:48

Principal Place of Business
6440 W NEWBERRY RD
SUITE 402
GAINESVILLE FL 32605

Mailing Address
6440 W NEWBERRY RD
SUITE 402
GAINESVILLE FL 32605

2. Principal Place of Business
6500 Newberry Road
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 147006
Suite, Apt. #, etc.

City & State
Gainesville, FL 32605
Zip
32605
Country
USA

City & State
Gainesville, FL 32614-7006
Zip
32614-7006
Country
USA

4. FEI Number
59-3279882
Applied For
Not Applicable

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

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 David L. Dye
Street Address (P.O. Box Number is Not Acceptable)
6500 Newberry Road
City Gainesville FL Zip Code 32605

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 *David L. Dye*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/19/01
DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBINSON, BRIAN 6440 W NEWBERRY RD GAINESVILLE FL 32605	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LELLI, KIM 6440 W NEWBERRY RD GAINESVILLE FL 32605	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EARNEST, WILLIAM 6440 W NEWBERRY RD GAINESVILLE FL 32605	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZAVELSON, THOMAS M.D. 6440 W. NEWBERRY RD., #402 GAINESVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/CEO 6500 Newberry Road Gainesville, FL 32605	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/CFO David L. Dye 6500 Newberry Road Gainesville, FL 32605	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 6500 Newberry Road Gainesville, FL 32605	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *David L. Dye*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/19/01
Date

(352) 333-4107
Daytime Phone #

CR2E083 (1/1/00)