

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90122 045 ****50.00

DOCUMENT # L94000000474

1. Entity Name

NORTH FLORIDA REGIONAL MEDICAL CENTER-GAINESVILLE PHO, L.C.

Principal Place of Business

**6500 NEWBERRY ROAD
GAINESVILLE FL 32605**

Mailing Address

**P.O. BOX 147006
GAINESVILLE FL 32614-7006**

00042255



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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)

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

David L. Dye, CFO

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/02

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CP
ROBINSON, BRIAN
6500 NEWBERRY RD.
GAINESVILLE FL 32605** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VC
DYE, DAVID L
6500 NEWBERRY RD.
GAINESVILLE FL 32605** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
EARNST, WILLIAM L
6500 NEWBERRY RD.
GAINESVILLE FL 32605** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

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☐ Change ☐ 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, CFO

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

Date

Daytime Phone #

2/20/02 (352)333-4107

CR2E083 (9/01)