2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9400000738

1. Entity Name

BAYONE	POINT/HUDSON MED	ICAL CENTE	ER PO, L.C.							
Principal Place of Business Mailing Address										
BAYONET PO 14000 FIVAY HUDSON FL	* -	14000 F	BAYONET POINT/HUDSON MEDICAL CENTER 14000 FIVAY ROAD HUDSON FL 34667-7103				 			
2. Principal F	lace of Business	3. Mailin	Mailing Address							
Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.				DO NOT			
City & State			City & State				4. FEI Number 59-3574436 62-1113			
Zip	Country	Zip		Count	ry		ficate of Status Desir			
<u></u>	6. Name and Address of Cur	rent Registered	Agent			7. Name	7. Name and Address of N			
PINO, JOS BAYONET 14000 FIV HUDSON	POINT/HUDSON MEDICAL C AY ROAD	enter	Street Address City				lumber is Not Accep			
8. The above	named entity submits this statemed					er registered agent,				
FILE NOW!!! FEE IS \$50.0 Make Check Payable to Department										
9. MANAGING MEMBERS/M			ERS	10.			ADDITIO			
TITLE RAME STREET ADDRESS CITY-ST-ZIP	MGR MUSUNURU, RAO M.D. 14100 FIVAY RD., SUITE 160 HUDSON FL)	☐ Deleta		T ADDRESS 81- ZtP					

SECRETARY OF STATE DIVISION OF CORPORATIONS

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WRITE IN THIS SPACE

City & State Zip Country		City & State			4. FEI Number 59-3574436 62-1113740				plied For		
		Zin	Zip Cour		59-357				t Applicable		
Zip Country Zip		219	Codility					5.00 Additional see Required			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
					Name						
PINO, JOSEPH					Street Address (P.O. Box Number is Not Acceptable)						
BAYONET POINT/HUDSON MEDICAL CENTER					 						
14000 FIV	AY ROAD				ļ						
HUDSON FL 34667					City	FL			Zip Code	е	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
			2							_	
				ILE NOW!!! I	···· • -						
			Make Ch	eck Payable to	o Department	of State					
		MANAGING MEMBE	RS/MEMBERS	10.			ADDITIONS/	CHANGES			
ME	MGR	,, ⁽	☐ Del		E	· · · · · · · · · · · · · · · · · · ·			Change	Addition	
AME		RU, RAO M.D.		MASK	Œ .			w(P			
TREET ADDRESS		'AY RD., SUITE 160		\$TRE	ET ADDRESS		18/	L1			
ITY-&T-ZIP	HUDSON	<u>FL</u>		CITY	- ST- ZIP						
ITLE	MGR		Def	titu	E				Change	Addition	
IAMÉ	TAYLOR, 1			NAM			3000031	1836	333-	8	
TREET ADDRESS		Keshore Blvd, Suite	330		EET ADDRESS			′00~~01	1000	110	
TTY- ST-ZIP	HUDSON	FL 34667			-87-ZIP		*****				
TILE !	MGR		☐ Del						Change	Addition	
JAME TREET ADORESS	KUMAR, K			MAN	EET ADDRESS						
ITY- ST-ZIP		540AD, SUITE I		I	- 8T- ZIP						
TILE		IT RICHEY FL	Deli						Change	Addition	
AME	MGR	DADIO M.D.		ETD NAM	l l				Guange		
TREET ADDRESS), Pablo M.D. N Street, Suite 104			ET ADDRESS						
1TY- 8T- ZIP		IT RICHEY FL		CITY-	· ST-ZIP						
ITLE	MGR	· · · · · · · · · · · · · · · · · · ·	☐ Del	ete TITL	<u> </u>				☐ Change	Additton	
AME		ACKLEIN M.D.		MAM	E						
TREET ADDRESS		S. HIGHWAY 19			ET ADDRESS						
ITY- 8T- ZIP	<u>HUDSON</u>	FL		CITY	- 8T- ZIP						
TTLE	MGR	•	☐ Det						Change	Addition	
AME		, CHARLES DO		NAM!	- 1					}	
TATET ADDRESS	14000 FIV				ET ADDRESS -ST-ZIP						
HTY-8T-ZIP	HUDSON	FL sinformation available with	this filling days and			Castian 110.0	7/2\(i) Florida Statuta- L	further entit	fu that the :-	formation	

g does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the sped to execute this report as required by Chapter 608, Florida Statutes. indicated on this report is true and accurate and that pr

SIGNATURE: