

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000800

1. Entity Name

OAK HILL PHYSICIAN HOSPITAL ASSOCIATION, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 24 AM 9:42

Principal Place of Business

11375 CORTEZ BLVD.
BROOKSVILLE FL 34613

Mailing Address

P.O. BOX 5300
SPRING HILL FL 34611-5300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3438032

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUSTY, GINGER
OAK HILL HOSPITAL
11375 CORTEZ BLVD.
BROOKSVILLE FL 34613

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

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME SHAW, JONATHAN M.D.
STREET ADDRESS 11329 CORTEZ BOULEVARD
CITY-ST-ZIP BROOKSVILLE FL 34613

TITLE ☐ Change ☐ Addition
NAME *f 37100*
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME BHATIA, ANIL
STREET ADDRESS 11345 CORTEZ BLVD.
CITY-ST-ZIP BROOKSVILLE FL 34613

TITLE ☐ Change ☐ Addition
NAME 300003161553-1
STREET ADDRESS -03/08/00-01018-020
CITY-ST-ZIP *****100.00 *****50.00

TITLE MGR ☐ Delete
NAME CARADONMA, RICHARD MD
STREET ADDRESS 11307 CORTEZ BLVD., #206
CITY-ST-ZIP BROOKSVILLE FL 34613

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

TITLE MGR ☐ Delete
NAME LUSTY, GINGER CFO
STREET ADDRESS 11307 CORTEZ BLVD.
CITY-ST-ZIP BROOKSVILLE FL 34613

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Robert L. Lusty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/14/00

Date

Daytime Phone #

CR2E083 (9/99)