

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2003 8:00 am
Secretary of State

03-25-2003 90052 044 ****50.00

DOCUMENT # L96000000767

1. Entity Name
LAFAYETTE HEALTH INVESTORS, L.C.



Principal Place of Business
**ROUTE 3, BOX 5
MAYO, FL 32066**

Mailing Address
**400 PERIMETER CENTER TERRACE, SUITE 650
ATLANTA, GA 30346**

2. Principal Place of Business
512 WEST MAIN STREET
Suite, Apt. #, etc.

3. Mailing Address
56 THIRD STREET, NW
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
MAYO, FL

City & State
HICKORY, NC

4. FEI Number **45-0499975**
56-2049011

Applied For
Not Applicable

Zip
32066

Country
USA

Zip
28601

Country
USA

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name **R. BRUCE McKIBBEN, JR**
Street Address (P.O. Box Number is Not Acceptable)
**1435 E. PIEDMONT DRIVE
SUITE 214**
City **TALLAHASSEE** FL Zip Code **32308**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **R. BRUCE McKIBBEN, JR President** 3-21-03
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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☒ Delete
NAME **WELCARE HEATHCARE ACQUISITION CORPORATION**
STREET ADDRESS **400 PERIMETER CENTER TERRACE, SUITE 650**
CITY-ST-ZIP **ATLANTA, GA 30346**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☒ Addition
NAME **SPM ACQUISITION, LLC**
STREET ADDRESS **56 THIRD STREET, NW**
CITY-ST-ZIP **HICKORY, NC 28601**

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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: **CHARLES E. TREPLER, JR.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/19/03 828-322-5535 x 225
Date Daytime Phone #

CR2E083 (10/02)