

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000001104

1. Entity Name

LEESAR HEALTHTRUST PARTNERS, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 AUG 14 AM 10: 02

Principal Place of Business

1700 SOUTH TAMiami TRAIL
SARASOTA FL 34239

Mailing Address

% SARASOTA MEMORIAL HOSPITAL. LEGAL SERV
1880 ARLINGTON
SARASOTA FL 34239

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P. O. Box 3258

Suite, Apt. #, etc.

C/O J. Hugh Middlebrooks

City & State
Sarasota, FL

Zip

34230-3258

Country

USA

4. FEI Number

65-0807710

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



8. Name and Address of Current Registered Agent

MIDDLEBROOKS, J. HUGH
200 SOUTH ORANGE AVENUE
SARASOTA FL 34239

7. Name and Address of New Registered Agent

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

400003370024-2
-08/23/00--01098--001
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME SARASOTA COUNTY PUBLIC HOSPITAL BOARD
STREET ADDRESS 1700 SOUTH TAMiami TRAIL/MICHAEL H. COVERT
CITY-ST-ZIP SARASOTA FL 34239

TITLE MGR ☐ Delete
NAME HOSPITAL BOARD OF DIRECTORS OF LEE COUNTY
STREET ADDRESS 2780 CLEVELAND AVE., ATTN LOIS C. BARRETT
CITY-ST-ZIP FT. MYERS FL 33901

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME SARASOTA COUNTY PUBLIC HOSPITAL BOARD
STREET ADDRESS ATTN: G. DUNCAN FINLAY
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME HOSPITAL BOARD OF DIRECTORS OF LEE CNTY
STREET ADDRESS ATTN: JAMES R. NATHAN
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (5/00)