

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000001104

1. Entity Name  
LEESAR HEALTHTRUST PARTNERS, L.C.

FILED

01 APR 23 PM 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1700 SOUTH TAMiami TRAIL  
SARASOTA FL 34239

Mailing Address  
P.O. BOX 3258  
C/O J. HUGH MIDDLEBROOKS  
SARASOTA FL 34230-3258



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 65-0807710

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

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

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 NAME ☐ Delete  
MGR  
SARASOTA COUNTY PUBLIC HOSPITAL BOARD  
STREET ADDRESS 1700 SOUTH TAMiami TRAIL/G. DUNCAN FINLAY  
CITY-ST-ZIP SARASOTA FL 34239

TITLE NAME ☐ Change ☐ Addition  
100004163141--6  
STREET ADDRESS -05/08/01--01123--001  
CITY-ST-ZIP \*\*\*\*\*50.00 ~~XXXX~~ ~~XXXX~~

TITLE NAME ☐ Delete  
MGR  
HOSPITAL BOARD OF DIRECTORS OF LEE COUNTY  
STREET ADDRESS 2780 CLEVELAND AVE., ATTN: JAMES R. NATHAN  
CITY-ST-ZIP FT. MYERS FL 33901

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE NAME ☐ Change ☐ Addition  
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:

*G. Duncan Finlay, M.D., President and CEO*

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

Date

Daytime Phone #

0021862 AF

CR2E083 (11/00)