2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L97000001104

City-St-Zip:

FT. MYERS, FL 33901

Entity Name: LEESAR HEALTHTRUST PARTNERS, L.C.

FILED Apr 23, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: % J. HUGH MIDDLEBROOKS 1700 S TAMIAMI TRAIL 200 S. ORANGE AVE. SARASOTA, FL 34239 SARASOTA, FL 34236 **Current Mailing Address: New Mailing Address:** % J. HUGH MIDDLEBROOKS 200 S. ORANGE AVE. SARASOTA, FL 34236 FEI Number: 65-0807710 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MIDDLEBROOKS, J. HUGH 200 SOUTH ORANGE AVENUE SARASOTA, FL 34239 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: Electronic Signature of Registered Agent Date **MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:** () Change () Addition () Delete SARASOTA COUNTY PUBL, IC HOSPITAL BO A RD Name: Name: Address: 1700 SOUTH TAMIAMI TRAIL/G. DUNCAN FINLAY Address: City-St-Zip: SARASOTA, FL 34239 City-St-Zip: Title: Title: () Delete () Change () Addition Name: HOSPITAL BOARD OF DI, RECTORS OF LEE COUNTY Name: Address: 2780 CLEVELAND AVE., ATTN: JAMES R. NATHAN Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

City-St-Zip:

SIGNATURE: G. DUNCAN FINLAY MGR 04/23/2002