

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000002597**

1. Entity Name
COMMUNITY CARE MEDICAL CENTER, L.L.C.

FILED

01 APR 27 PM 2: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**5500 NINTH STREET NORTH
ST. PETERSBURG FL 33703**

Mailing Address
**5500 NINTH STREET NORTH
ST. PETERSBURG FL 33703**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3538362**

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

**LAMBERT, PAUL W J.D.
1114 EAST PARK AVENUE
TALLAHASSEE FL 32301-2651**

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
STREET ADDRESS
CITY-ST-ZIP

**MGR
JONES, RODERICK C D.C.
921 55TH AVENUE NORTH
ST. PETERSBURG FL 33703-2105**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

**800004211628--7
-05/11/01--01071--012
*****50.00 *****50.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
JONES, DENNIS L D.C.
9 MARINA TERRACE
TREASURE ISLAND FL 33706-1203**

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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: *Dennis L. Jones, D.C.*

Dennis L. Jones, D.C.

4/25/01

CR2E083 (11/00)