

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003305

1. Entity Name
CONCEPT MEDICAL REALTY, L.C.

FILED

01 APR 30 PM 5:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2290 TENTH AVENUE NORTH, SUITE 301
LAKE WORTH FL 33461-6609

Mailing Address
2290 TENTH AVENUE NORTH, SUITE 301
LAKE WORTH FL 33461-6609



2. Principal Place of Business
2290 10TH AVENUE N.

3. Mailing Address
2290 10TH AVENUE NORTH

Suite, Apt. #, etc.
SUITE 101

Suite, Apt. #, etc.
SUITE 101

City & State
LAKE WORTH, FL

City & State
LAKE WORTH, FL

Zip
33461-6609

Country
US

Zip
33461-6609

Country
US

4. FEI Number 65-0890511

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

MJH

6. Name and Address of Current Registered Agent

MCCRACKEN, JOHN B
505 SOUTH FLAGLER DRIVE, SUITE 1100
WEST PALM BEACH FL 33401

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

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
KEIPPER, WARREN
2290 TENTH AVENUE NORTH, SUITE 301
LAKE WORTH FL 33461

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

2290 10TH AVENUE NORTH, SUITE 101

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

900004220389-4
-05/16/01-01097-002
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

WARREN C. KEIPPER 4/24/01 541-540-8100

Date

Daytime Phone #

0015522 AF

CR2E083 (11/00)