2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -2 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000401

1. Entity Name

MARIANNA MEDICAL CENTER, L.L.C.

Principal Place of Business	Mailing Address
3343 OLD U.S. ROAD MARIANNA FL 32446	3343 OLD U.S. ROAD MARIANNA FL 32446-6957

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2928 DANIELS ST	2928 Daniels St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MARIANNA, FLORIDA	City & State: MARIANNA, FLORIDA
Zip: 32446 Country: US	Zip: 32446 Country: US

4. FEI Number: 59-3552974 ☐ Applied For ☐ Not Applicable

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
COEL, MARK A ESQ 4000 HOLLYWOOD BLVD.,SUITE 350-NORTH HOLLYWOOD FL 33021	Name: William J. Grant Street Address (P.O. Box Number is Not Acceptable): 2928 DANIELS Street City: MARIANNA, FLORIDA FL Zip Code: 32446

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: William J. Grant (Principal) 4-20-00

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 RODRIQUEZ-JIMENEZ, HORACIO M.D. 3343 OLD U.S. ROAD MARIANNA FL 32446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM RODRIGUEZ-JIMENEZ, HORACIO M.D. 3343 Old U.S. Road MARIANNA, FL 32446	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GRANT, WILLIAM JOHN 2928 DANIELS STREET MARIANNA, FL 32446	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700003261047--2 -05/22/00--01021--025 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (9/99)

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 REQUIRED William J. Grant 4-20-00 (850) 526 3555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #