2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000401

1. Entity Name

MARIANNA MEDICAL CENTER, LLC

FILED
2001 MAY -2 PM 3:03
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
2928 Daniels Street Suite, Apt. #, etc.	2928 Daniels Street Suite, Apt. #, etc.
City & State: MARIANNA, FL	City & State: MARIANNA, FL
Zip: 32446 Country: USA	Zip: 32446 Country: USA

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

William J. Grant
2928 Daniels Street
MARIANNA, FL 32446

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: William J. Grant 4-27-01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

William J. Grant

FILING FEE IS $50.00
Make Check Payable to Department of State

500004336785--8
-05/31/01--01091--021
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	MGRM RODRIGUEZ-JIMENEZ, HORACIO, MD 2928 DANIELS Street MARIANNA, FLORIDA 32446	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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CR2E083 (11/00)

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: William J. Grant 4-27-01 850 526-3555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

William J. Grant