

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000401

1. Entity Name

MARIANNA MEDICAL CENTER, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 FEB -6 PM 1:41

Principal Place of Business

2928 DANIELS STREET  
MARIANNA FL 32446

Mailing Address

2928 DANIELS STREET  
MARIANNA FL 32446

2. Principal Place of Business

3. Mailing Address

PO BOX 6399

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
MARIANNA, FLORIDA

4. FEI Number

59-3552974

Applied For

Not Applicable

Zip

Country

Zip

Country

32447

USA

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

GRANT, WILLIAM J  
2928 DANIELS STREET  
MARIANNA FL 32446

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

2-6-02

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002

100004890881--7  
-02/07/02--01068--002  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM RODRIQUEZ-JIMENEZ, HORACIO M.D. ☐ Delete  
STREET ADDRESS 2928 DANIELS STREET  
CITY-ST-ZIP MARIANNA FL 32446

TITLE NAME MGRM William J. Grant ☐ Change ☒ Addition  
STREET ADDRESS P.O. BOX 6399  
CITY-ST-ZIP MARIANNA, FL 32447

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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

1-15-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)