

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L99000002907

1. Entity Name  
DAYTONA HEALTHCARE INVESTORS, LLC

FILED

01 FEB 23 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
1001 S. BEACH ST.  
DAYTONA BEACH FL 32114

Mailing Address  
1001 S. BEACH ST.  
DAYTONA BEACH FL 32114

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 58-2471368

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCKIBBEN, R. BRUCE JR  
1301 MICCOSUKEE ROAD  
TALLAHASSEE FL 32308

Name JO-ANN GRASSO

Street Address (P.O. Box Number is Not Acceptable)  
1001 S. BEACH ST

City DAYTONA BEACH

FL

Zip Code 32114

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 x JO-ANN GRASSO

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

JO-Ann Grasso 2/20/01

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGRM  
NAME MCMULLAN, JOHN E  
STREET ADDRESS 1175 PEACHTREE ST., STE 710, 100 COLONY SQ  
CITY-ST-ZIP ATLANTA GA 30361

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

2-9-01 404 873-3434

Date

Daytime Phone #

CR2E083 (11/00)