

# 2000 UNIFORM BUSINESS REPORT (UBR)

3004983 AF

DOCUMENT # L99000003001

1. Entity Name  
FORT LAUDERDALE HOSPITAL MANAGEMENT, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB -7 PM 2:06

Principal Place of Business  
1601 EAST LAS OLAS BOULEVARD  
FORT LAUDERDALE FL 33301

Mailing Address  
1601 EAST LAS OLAS BOULEVARD  
FORT LAUDERDALE FL 33301-2357



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
65-0925118

Applied For  
Not Applicable

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

SANTUCCI, MICHAEL I  
NATIONS BANK BUILDING  
4901 N. FEDERAL HIGHWAY, SUITE 440  
FT. LAUDERDALE FL 33308

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	MGR	<input type="checkbox"/> Delete
NAME	CURY, NEAL G	
STREET ADDRESS	1550 N.W. 101ST WAY	
CITY-ST-ZIP	PLANTATION FL 33332	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	KRESCH, RICHARD A	
STREET ADDRESS	168 FIFTH AVENUE, SUITE 4 SOUTH	
CITY-ST-ZIP	NEW YORK NY 10010	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	ALBERT, LEO	
STREET ADDRESS	7342 PINEWALK DRIVE	
CITY-ST-ZIP	SOUTH MARGATE FL 33063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	600008131236--0	
CITY-ST-ZIP	-02/10/00--01078--009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	*****50.00	
CITY-ST-ZIP	*****50.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)