

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

L99000003001

DOCUMENT # L99000003001
1. Entity Name
 Fort Lauderdale Hospital Management L.L.C.



FILED
 03 NOV 14 PM 5:14
 TALLAHASSEE STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 1601 East Las Olas Blvd.
 Suite, Apt. #, etc.

3. Mailing Address
 1601 East Las Olas Blvd.
 Suite, Apt. #, etc.

BK
DO NOT WRITE IN THIS SPACE

4. FEI Number 650925118 Applied For Not Applicable

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

City & State
 Fort Lauderdale, Fl

City & State
 Fort Lauderdale, Fl

Zip 33301 **Country** Broward

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7. Name and Address of Current Registered Agent

Name
 Nationscorp Registered Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable)
 526 East Park Avenue

City
 Tallahassee, Fl

FL Zip Code
 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *AGSON HAND NASST SECY* **DATE** 11/14/03

COL22 **FEE IS \$50.00**
 Make Check Payable to Florida Department of State
 DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR Neal G. Cury 1550 N.W. 101st Way Plantation, Fl 33332	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000024896720 11/21/03--01003--016 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR Axon Limited Partnership 14400 Martin Drive Eden Prairie, MH 55344	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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]* **DATE** 11-13-03 **Daytime Phone #** (954) 463-4321

CR2E083B (12/02)