

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90044 009 \*\*\*\*\*50.00

**DOCUMENT # L99000006599**

1. Entity Name

**CARRABELLE MEDICAL CENTER, L.C.**



Principal Place of Business

**602 HIGHWAY 98**

**PO BOX 998**

**CARRABELLE FL 32322-0998**

Mailing Address

**602 HIGHWAY 98**

**PO BOX 998**

**CARRABELLE FL 32322-0998**

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 **59-3599756**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEWIS, CHARLES A MD**

**602 HIGHWAY 98**

**PO BOX 998**

**CARRABELLE FL 32322-0998**

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

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM**  
**LEWIS, CHARLES A MD**  
**PO BOX 138**  
**CARRABELLE FL 32322-0138**

☐ Delete

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

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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**

**4-28-3**

**850 697-4288**

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

Date

Daytime Phone #

CR2E083 (10/02)

0047661