


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)


0005607

**DOCUMENT # L99000008207**

1. Entity Name  
**LITTLE FOREST MEDICAL CENTER, LLC**



**FILED**  
2003 OCT -8 AM 9:04  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
5034990010  
07/07/03 90074 002



Principal Place of Business      Mailing Address

**950 GALLEON DRIVE  
NAPLES FL 33940**      **950 GALLEON DRIVE  
NAPLES FL 33940**

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 **34-1120588**      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

**POTTS, PATRICIA C  
950 GALLEON DRIVE  
NAPLES FL 33940**

7. Name and Address of New Registered Agent

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       (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS / MANAGERS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>HURL, SHARI<br/>21498 MAGNOLIA HILLS DRIVE<br/>MAGNOLIA TX 77354</b> <input type="checkbox"/> Delete                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>POTTS, PATRICIA A<br/>950 GALLEON DRIVE<br/>NAPLES FL 33940</b> <input type="checkbox"/> Delete                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>M<br/>VANDRIE, RATHY TRUSTEE<br/>25 SE WICKLEY HILLS DR<br/>SEWICKLEY PA 15143</b> <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>LFMC. MANAGEMENT CO LTD.<br/>492 McCLURG RD<br/>YOUNGSTOWN, OHIO 44512</b> <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

10. ADDITIONS / CHANGES

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>LFMC MANAGEMENT CO. LTD<br/>492 McCLURG RD.<br/>YOUNGSTOWN OH 44512</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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:**  **REQUIRED**      **9-15-03**      **330 758 8323**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (4/03)