

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90006 031 \*\*\*\*55.00

**DOCUMENT # MO1000000520**

1. Entity Name

**HEALTH FACILITIES GROUP, L.L.C.**

Principal Place of Business

**1133 E. SECOND STREET  
 WICHITA KS 67214**

Mailing Address

**1133 E. SECOND STREET  
 WICHITA KS 67214**

2. Principal Place of Business

**Health Facilities Group Health Facilities Group**

Suite, Apt. #, etc.

**1328 E. Kellogg Dr. LLC**

**City & State  
 Wichita, KS**

**Suite B**

3. Mailing Address

**Health Facilities Group**

Suite, Apt. #, etc.

**1328 E. Kellogg Dr. LLC**

City & State

**Wichita, KS Suite B**

Zip

Country

**67211**

**U.S.A.**

Zip

Country

**67211**

**U.S.A.**

6. Name and Address of Current Registered Agent

**KTG&S REGISTERED AGENT CORPORATION  
 100 S.E. 2ND STREET, STE 2800  
 MIAMI FL 33131-2144**

4. FEI Number

**48-1154636**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional  
 Fee Required**

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.

SIGNATURE **NA**

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  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☒ Addition  
**Owner /MGRM  
 Stephen L. Lewallen  
 1328 E. Kellogg Dr., Suite B  
 Wichita, KS 67211**

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

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

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

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

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

**Stephen L. Lewallen**

SIGNATURE:

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

2/6/02

316-262-2500

CR2E083 (9/01)