LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M02000002092

1. Entity Name

Regency Hospital Company, LLC

FILED
03 JUL -8 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3159 Royal Drive	3159 Royal Drive
Suite, Apt. #, etc. 320	Suite, Apt. #, etc. 320
City & State: Alpharetta, Georgia	City & State: Alpharetta, Georgia
Zip: 30022 Country: USA	Zip: 30022 Country: USA

4. FEI Number: 58-2617175 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

City: Tallahassee 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: Laura R. Dunlap — Laura R. Dunlap as its agent — 7/8/03

Signature, typed or printed name of registered agent and title if applicable — DATE

FEE IS $50.00
Make Check Payable to Florida Department
DUE BY MAY 1st

100021393751

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
Manager James R. Laughlin 3159 Royal Drive, Suite 320 Alpharetta, GA 30022	
Manager Reeve Waud 560 Oakwood Avenue, suite 203 Lake Forest, IL 30045	
Manager Jonathan Adolph 560 Oakwood Avenue, suite 203 Lake Forest, IL 30045	
Manager Peter Keehn 560 Oakwood Avenue, suite 203 Lake Forest, IL 30045	

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CR2E083B (12/02)

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: James R. Laughlin — James R. Laughlin, Manager — 7/1/03 — 770-772-4345

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

CSC M02000002092

CORPORATION SERVICE COMPANY™

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 116714 4814233

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 50.00

ORDER DATE : June 3, 2003

ORDER TIME : 3:23 PM

ORDER NO. : 116714-100

CUSTOMER NO: 4814233

BR

CUSTOMER: Ms. Donna Kendrick
Morris Manning & Martin
1600 Atlanta Financial Center
3343 Peachtree St, Northeast
Atlanta, GA 30326

RECEIVED
03 JUL -8 PM 4:24
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT

NAME: REGENCY HOSPITAL COMPANY, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon