# 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

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 — DATE: 7/8/03

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

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

100021393751

9. MANAGING MEMBERS / MANAGERS

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

DO NOT WRITE IN THIS SPACE

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

CORPORATION SERVICE COMPANY™

M02000002092

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 116714 4814233

AUTHORIZATION : Patricia Pujuto

COST LIMIT : $ 50.00

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ORDER DATE : June 3, 2003

ORDER TIME : 3:23 PM

ORDER NO. : 116714-100

CUSTOMER NO: 4814233

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
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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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