

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M94000000169

1. Entity Name

SCA/FT. MYERS, LLC LIMITED COMPANY

FILED

00 JAN 26 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
ONE HEALTHSOUTH PARKWAY
BIRMINGHAM AL 35243

Mailing Address
ONE HEALTHSOUTH PARKWAY
BIRMINGHAM AL 35243-2358

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

62-1587567

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

9. MANAGING MEMBERS / MEMBERS

TITLE MEM
NAME LEE HEALTH VENTURES, INC.
STREET ADDRESS 16201 BASS RD.
CITY-ST-ZIP FT. MYERS FL 33907 ☐ Delete

TITLE MEM
NAME SCA-FT. MYERS, INC.
STREET ADDRESS ONE HEALTHSOUTH PARKWAY
CITY-ST-ZIP BIRMINGHAM AL 35243 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Delete
800003118318--1
-02/01/00--01062--022
*****50.00 *****50.00

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Delete

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Richard E. Botts, Sr. V.P.

Date

Daytime Phone #

(205) 967-7116