

2001 UNIFORM BUSINESS REPORT (UBR)

0026820 AF

DOCUMENT # M98000000757

1. Entity Name
AMERICAN HEALTH FACILITIES DEVELOPMENT, LLC

FILED

01 MAR 19 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**105 CONTINENTAL PLACE
BRENTWOOD TN 37027**

Mailing Address
**C/O LEGAL DEPT
103 CONTINENTAL PLACE
BRENTWOOD TN 37027**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

62-1744953

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301**

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 _____ (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

10. ADDITIONS/CHANGES

TITLE NAME Delete
MGR PANTHER, ROGER E
STREET ADDRESS **105 CONTINENTAL PLACE**
CITY-ST-ZIP **BRENTWOOD TN 37027**

TITLE NAME Change Addition
900003911409
-03/27/01--01024--022
*******50.00 *****50.00**

TITLE NAME Delete
MGR STOKES, JAMES G
STREET ADDRESS **105 CONTINENTAL PLACE**
CITY-ST-ZIP **BRENTWOOD TN 37027**

TITLE NAME Change Addition

TITLE NAME Delete
MGR HEWETT, STEVE B
STREET ADDRESS **105 CONTINENTAL PLACE**
CITY-ST-ZIP **BRENTWOOD TN 37027**

TITLE NAME Change Addition
MGR Rappuhn, Terry Allison
STREET ADDRESS **105 Continental Place**
CITY-ST-ZIP **Brentwood, TN 37027**

TITLE NAME Delete
MGR DEMPSEY, DAVID P
STREET ADDRESS **105 CONTINENTAL PLACE**
CITY-ST-ZIP **BRENTWOOD TN 37027**

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME 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.

SIGNATURE: David P. Dempsey / David P. Dempsey 3/13/01 615/371-7979

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

Date

Daytime Phone #

CR2E083 (11/00)

QUORUM

QUORUM HEALTH RESOURCES, LLC
103 CONTINENTAL PLACE
BRENTWOOD, TENNESSEE 37027
(615) 371-7979

March 16, 2001

Registration Section
Florida Division of Corporations
P O Box 6327
Tallahassee, FL 32314-6327

**RE: American Health Facilities Development, LLC
2001 Uniform Business Report**

Dear Sir or Madam:

Enclosed is the annual report for the above referenced limited liability company together with a check in the amount of \$50.00 to cover the filing fee.

Thank you for your assistance with this filing.

Sincerely,



Gail H. McKinnon
Paralegal

Enclosures