

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 30, 2002 8:00 am**  
**Secretary of State**

07-30-2002 90387 001 \*\*\*150.00

**DOCUMENT # M98000000757**

1. Entity Name

**AMERICAN HEALTH FACILITIES DEVELOPMENT, LLC**

Principal Place of Business

**105 CONTINENTAL PLACE  
 BRENTWOOD TN 37027**

Mailing Address

**13455 NOEL RD., 19TH FLOOR  
 DALLAS TX 75240**

**97900**



DO NOT WRITE IN THIS SPACE

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 **62-1744953**

Applied For

Not Applicable

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

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PANTHER, ROGER E 105 CONTINENTAL PLACE BRENTWOOD TN 37027	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. James D. Shelton 13455 Noel Rd. #2000 Dallas, TX 75240	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STOKES, JAMES G 105 CONTINENTAL PLACE BRENTWOOD TN 37027	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Donald P. Fay - MGR. 13455 Noel Rd. #2000 Dallas, TX 75240	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAPPUHN, TERRY ALLISON 105 CONTINENTAL PLACE BRENTWOOD TN 37027	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. Burke Whitman 13455 Noel Rd. #2000 Dallas, TX 75240	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEMPSEY, DAVID P 105 CONTINENTAL PLACE BRENTWOOD TN 37027	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	W. Stephen Love MGR. 13455 Noel Rd #2000 Dallas, TX 75240	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. Michael Silhol 13455 Noel Rd. #2000 Dallas, TX 75240	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. Robert Frutiger 13455 Noel Rd. #2000 Dallas, TX 75240	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

**SIGNATURE REQUIRED**

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

Date

Daytime Phone #

7/11/02

972-789-2732

CR2E083 (4/02)