

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001262

1. Entity Name

MEDICAL OFFICE BUILDINGS OF FLORIDA, LLC

Principal Place of Business

ONE PARK PLAZA
NASHVILLE TN 37203

Mailing Address

ONE PARK PLAZA
NASHVILLE TN 37203

FILED

01 MAY 25 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4525 Harding Road

3. Mailing Address

4525 Harding Road

Suite, Apt. #, etc.

Suite 102

Suite, Apt. #, etc.

Suite 102

City & State

Nashville, TN

City & State

Nashville

Zip

37205

Country

USA

Zip

37205

Country

USA

4. FEI Number

62-1789796

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 NAME MGRM
HEALTHTRUST, INC. - THE HOSPITAL COMPANY
STREET ADDRESS ONE PARK PLAZA
CITY-ST-ZIP NASHVILLE TN 37203

☒ Delete

10. ADDITIONS/CHANGES

TITLE NAME Member
Medcap Properties I, LLC
STREET ADDRESS 4525 Harding Road, Suite 102
CITY-ST-ZIP Nashville, TN 37205

☒ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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:

By:

SIGNATURE REQUIRED

(615) 344-6344

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

Date

Daytime Phone #

CR2E083 (11/00)

0028853 AF