

2000 UNIFORM BUSINESS REPORT (UBR)

0007909 AF

DOCUMENT # Z00124

1. Entity Name
WOODLAWN MEDICAL CENTER, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB 10 AM 9:29

Principal Place of Business
2100 16TH STREET NORTH
ST. PETERSBURG FL 33704

Mailing Address
2100 16TH STREET NORTH
ST. PETERSBURG FL 33704-3924



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2493390

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMRICH, ROBERT H
2100 - 16TH STREET NORTH
ST. PETERSBURG FL 33704

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

10. ADDITIONS/CHANGES

TITLE MEM
NAME PELL, DONALD M.
STREET ADDRESS 2106 16 ST. NORTH
CITY-ST-ZIP ST PETERSBURG FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
000003144360--9
-02/23/00--01034--022
*****50.00 *****50.00

TITLE MEM
NAME RICHFIELD, MARIE T.
STREET ADDRESS 2106 16 ST. NORTH
CITY-ST-ZIP ST PETERSBURG FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
mf 2/22/00

TITLE MEM
NAME SIMMLER, DON
STREET ADDRESS 2106 16 ST. NORTH
CITY-ST-ZIP ST PETERSBURG FL ☐ Delete

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

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

TITLE MEM
NAME Robert N. Hamrich Jr.
STREET ADDRESS 2100 16th Street North
CITY-ST-ZIP St. Petersburg, FL 33704 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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: ROBERT N. HAMRICH JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/7/00 727-502-0106
Date Daytime Phone #

CR2E083 (9/99)