

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED  
01 APR 27 PM 8:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L-11935  
1. Entity Name  
ASSOCIATES IN MEDICINE, LLC

Principal Place of Business Mailing Address SAME  
1801 S.E. HILLMOOR DRIVE  
PORT ST. LUCIE, FL 34952

2. Principal Place of Business 1405 S.E. Goldtree Dr.  
3. Mailing Address Same  
Suite, Apt. #, etc. Suite B  
City & State Port St. Lucie, FL

Zip 34952 Country USA  
4. FEI Number 65-1047228 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  
Robert A. Burson  
310 West 1st Street  
Stuart, FL 34994

7. Name and Address of New Registered Agent  
Name Valerie A. Barrett, MD  
Street Address (P.O. Box Number is Not Acceptable) 3421 S.E. Kubin Ave.  
City Stuart FL Zip Code 34997

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 *Valerie Barrett* (NOTE: Registered Agent signature required when reappointing)  
100004298971-1

FILE NOW !!! FEES IS \$50.00  
Make Check Payable to Department of State

4:26:01  
-05/15/01--01146--025  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER VALERIE A. BARRETT, MD 3421 S.E. KUBIN AVE. Stuart, FL 34997 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: *Valerie Barrett* Date: 4:26:01 Daytime Phone #: 501-398-5339

CR2E083 (11/00)