

Amended

2001 UNIFORM BUSINESS REPORT (UBR)

09-29-2002 90005 002 ****50.00

FILED

L00000015166

02 DEC 26 AM 10:02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L00000015166

1. Entity Name
NELSON M. KARP, M.D., LLC

Principal Place of Business 13005 SOUTHERN BLVD. MEDICAL MALL 2, SUITE 224 LOXAHATCHEE FL 33470	Mailing Address 13005 SOUTHERN BLVD. MEDICAL MALL 2, SUITE 224 LOXAHATCHEE FL 33470
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2. Principal Place of Business 535 S. FLAGLER DRIVE Suite, Apt. #, etc.	3. Mailing Address 4837 KEMPVILLE GREENS PLANTATION Suite, Apt. #, etc.
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12/26 DO NOT WRITE IN THIS SPACE

MJH

City & State West Palm Beach, FL	City & State Virginia Beach, VA	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33401	Country PALM BEACH	Zip 23462	Country
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			

6. Name and Address of Current Registered Agent

**KARP, NELSON M MD
777 BRICKELL AVE., STE. 1111
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name: **NELSON M KARP M.D.**
Street Address (P.O. Box Number is Not Acceptable):
535 S. FLAGLER DRIVE
City: **WEST PALM BEACH FL** Zip Code: **33401**

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]* DATE: **9/20/02**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KARP, NELSON M MD 13005 SOUTHERN BLVD, MEDICAL MALL 2, S-224 LOXAHATCHEE FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	535 S. FLAGLER DRIVE West Palm Beach, FL 33401 <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	<input 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	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *[Signature]* DATE: **9/20/02** 800-723-2513

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

CR2E083 (5/01)