6/5/

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jul 04, 2002 8:00 am**
**Secretary of State**
06-05-2002 90418 021 ****50.00

DOCUMENT # L01000007664

1. Entity Name
SOUTH TAMPA MEDICAL INVESTMENTS, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 214 KEAP STREET<br>BROOKLYN NY 11211 | 214 KEAP STREET<br>BROOKLYN NY 11211 |

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 59-3722197 ☐ 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 |
|---|---|
| ~~MEYER, JEFFREY P~~<br>~~2884 MCMULLEN BOOTH ROAD, #628~~<br>~~CLEARWATER FL 33761~~ | Name: CimLink Real Estate Services, L.L.C.<br>Street Address (P.O. Box Number is Not Acceptable)<br>3928 Premier North Drive<br>City: TAMPA FL Zip Code 33624 |

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] J. HUNTER SWEARINGEN 5/21/02
Signature, type 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 May 1, 2002**

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Member MANAGER<br>Justin Gross<br>214 Kopp St<br>Brooklyn N.Y. 11211 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Member Officer<br>Morris Lefkowitz<br>570 Bedford Ave<br>Brooklyn NY 11211 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Member<br>Edward Lefkowitz officer<br>5518 18th Ave<br>Brooklyn NY 11219 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Member officer<br>Robert Schachter<br>1470 50 TH ST 11219<br>Brooklyn NY ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Member officer<br>Harry Gold<br>174 45TH ST<br>Brooklyn NY 11219 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | JACOB LEFKOWITZ officer<br>125 TAYLOR ST<br>BROOKLYN NY 11211 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E083 (9/01)

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 5/14/02 718-522-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #