

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000012683

FILED
Apr 09, 2002 8:00 AM
Secretary of State

Entity Name: CENTRAL FLORIDA PLASTIC SURGERY EMERGENCY TRAUMA ORGANIZATION, L.L.C.

Current Principal Place of Business:

171 CIRCLE DRIVE
MAITLAND, FL 32751

New Principal Place of Business:

521 W. S. R. 434
SUITE 106
LONGWOOD, FL 32750

Current Mailing Address:

171 CIRCLE DRIVE
MAITLAND, FL 32751

New Mailing Address:

521 W.S.R. 434
SUITE 106
LONGWOOD, FL 32750

FEI Number: 59-3738466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIRLEY, JONATHAN W
171 CIRCLE DRIVE
MAITLAND, FL 32751

Name and Address of New Registered Agent:

JANKAUSKAS, SAULIUS J
521 W.S.R. 434
SUITE 106
LONGWOOD, FL 32750

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: SAULIUS JANKAUSKAS

04/09/2002

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: GUPTA, R B
Address: 3300 W. LAKE MARY BLVD SUITE 220
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM () Change (X) Addition
Name: DEBAISE, ARTHUR
Address: 242 LOCH LOMOND DRIVE
City-St-Zip: WINTER PARK, FL 32792

Title: MGRM () Change (X) Addition
Name: JOHNSTON, DEAN L
Address: 4106 LAKE MARY BLVD SUITE 212
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM () Change (X) Addition
Name: SIEMIAN, WALTER
Address: 10000 W. COLONIAL DRIVE SUITE 384
City-St-Zip: OCOEE, FL 34761

Title: MGRM () Change (X) Addition
Name: JANKAUSKAS, SAULIUS J
Address: 521 W.S.R. 434 SUITE 106
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SAULIUS JANKAUSKAS

MGRM

04/09/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date