


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90043 016 \*\*\*\*50.00

**DOCUMENT # L02000009605**

1. Entity Name  
**MV PROPERTIES, LLC**



Principal Place of Business      Mailing Address

**C/O TAMPA ORTHOPEDIC & SPORTS MEDICINE GRO  
602 SOUTH HOWARD AVENUE  
TAMPA FL 33606**

**C/O TAMPA ORTHOPEDIC & SPORTS MEDICINE GRO  
602 SOUTH HOWARD AVENUE  
TAMPA FL 33606**



CHECK HERE IF MAKING CHANGES

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      Applied For

**01-0685124**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JENNEWIN, JONATHAN P  
101 EAST KENNEDY BOULEVARD, SUITE 3700  
TAMPA FL 33602**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

**9. MANAGING MEMBERS / MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS / CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<b>VP</b>	<b>Daniel E Murphy M.D</b>	<b>2914 Wallcraft Avenue</b>	<b>Tampa, FL 33611</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>President</b>	<b>Peter P. Vizzi M.D</b>	<b>206 South Hesperides</b>	<b>Tampa, FL 33609</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]*      **SIGNATURE REQUIRED**      **Peter Vizzi**      **1/21/03**      **813-253-2406**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CFR2E083 (10/02)