

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90122 037 ****50.00

DOCUMENT # L02000025805

1. Entity Name

TAMPA MEDICAL PROPERTIES II, LLC



Principal Place of Business
**4703 NORTH ARMENIA AVENUE
TAMPA FL 33603**

Mailing Address
**4703 NORTH ARMENIA AVENUE
TAMPA FL 33603**

2. Principal Place of Business

4703 N. Armenia Ave

Suite, Apt. #, etc.

3. Mailing Address

4703 N. Armenia Ave

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-3753447

Applied For

Not Applicable

Zip Country

33603 United States

Zip Country

33603 United States

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RUGG, JOSEPH W
100 SOUTH ASHLEY DRIVE, SUITE 1500
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

Signature, typed 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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☒ Addition
NAME **CEO**
STREET ADDRESS **Rodolfo Gari**
CITY-ST-ZIP **4703 N. Armenia Ave.
Tampa, FL 33603**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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** **Rodolfo Gari** **4/17/03**

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

Date

Daytime Phone #

CR2E083 (10/02)