

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000028558

1. Entity Name
MEMORIAL MEDICAL, L.L.C.



FILED
Feb 03, 2004 8:00 am
Secretary of State

02-03-2004 90049 014 ****50.00

Principal Place of Business
**1510 S CLARK AVE
TAMPA FL 33629**

Mailing Address
**1510 S CLARK AVE
TAMPA FL 33629**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

75-3126668

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MOSES, MICHAEL
1510 S CLARK AVE
TAMPA FL 33629**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MOSES, MICHAEL
1510 S CLARK AVE
TAMPA FL 33629** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SWIRBUL, RICHARD W
1510 S CLARK AVE
TAMPA FL 33629** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BOBIER, GERALD W
1510 S CLARK AVE
TAMPA FL 33629** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HEENAN, JAMES E
1510 S CLARK AVE
TAMPA FL 33629** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

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

Date

Daytime Phone #

2-2-04 813-2897669

0035038

CR2E083 (10/02)