

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

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90067 005 ****50.00

DOCUMENT # L02000032199

1. Entity Name



SPECIALTY MEDICAL SYSTEMS OF FLORIDA, LLC

30036380

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5425 BEAUMONT CENTER BLVD Suite, Apt. #, etc. SUITE 914 City & State TAMPA, FL Zip 33634 Country USA		3. Mailing Address 5425 BEAUMONT CENTER BLVD Suite, Apt. #, etc. SUITE 914 City & State TAMPA, FL Zip 33634 Country USA		4. FEI Number 13-4224247 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name	MICHAEL A. YUROCKO
Street Address (P.O. Box Number is Not Acceptable)	4515 CHEVAL BLVD
City	LUTZ FL Zip Code 33558

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 Michael A. Yurocko MICHAEL A. YUROCKO DATE 2/11/03

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MICHAEL A YUROCKO 4515 CHEVAL BLVD LUTZ, FL 33558	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MICHAEL J. ARMENTROUT 3808 W. 153RD ST LEAWOOD, KS 66224	TITLE 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: Michael A. Yurocko MICHAEL A. YUROCKO DATE 2/11/03 813 949 7533

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

Date

Daytime Phone #

CR2E083B (12/02)