2001 UNIFORM BUSINESS REPORT (UBR)

000214 AF

DOCUMENT # L98000000062

FILED

01 MAR 12 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

UNI-MED CONSULTING SERVICES, LLC

Principal Place of Business	Mailing Address
17021 NORTH BAY ROAD, SUITE 408 NORTH MIAMI BEACH FL 33130	17021 NORTH BAY ROAD, SUITE 408 NORTH MIAMI BEACH FL 33130

DO NOT WRITE IN THIS SPACE

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 65-0818030 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BROWN, JAMES W
17021 NORTH BAY ROAD, SUITE 408
NORTH MIAMI BEACH FL 33130

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.

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 Department of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MBR BROWN, JAMES W 17021 N. BAY RD. N. MIAMI BEACH FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MBR BROWN, REBEKKAH B 17021 N. BAY RD. N. MIAMI BEACH FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200003854812--4 -03/15/01--01049--024 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MBR BROWN, DAVID J 152 MARGARET AVENUE NUTLEY NJ 07110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

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: James W Brown SIGNATURE JAMES W BROWN 3/8/01 305-944-3477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #