

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L98000000062

1. Entity Name
UNI-MED CONSULTING SERVICES, LLC



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

Mailing Address
**17021 NORTH BAY ROAD, SUITE 408
NORTH MIAMI BEACH, FL 33130**



01072004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 restate(s).)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MBR
BROWN, JAMES W
17021 N. BAY RD.
N. MIAMI BEACH, FL 33160**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MBR
BROWN, REBEKKAH B
17021 N. BAY RD.
N. MIAMI BEACH, FL 33160**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MBR
BROWN, DAVID J
152 MARGARET AVENUE
NUTLEY, NJ 07110**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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04/22/04-80061-010 50:00

**DO NOT WRITE
IN THIS SPACE**

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

4/20/04
Date

305-944347
Daytime Phone #