

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -3 PM 12: 11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000005370

1. Entity Name  
MD NETWORK LLC

Principal Place of Business

2401 PGA BLVD  
SUITE 136  
PALM BEACH GARDENS FL 33410

Mailing Address

2401 PGA BLVD  
SUITE 136  
PALM BEACH GARDENS FL 33410-3515

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

- Same -

Suite, Apt. #, etc.

- Same -

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

84-1452-795

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

HOWES, JILL  
2401 PGA BLVD  
SUITE 136  
PALM BEACH GARDENS FL 33410

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM.  
MD NETWORK LLC, A COLORADO LLC  
3033 E FIRST AVENUE SUITE 400  
DENVER CO 80206 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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10. ADDITIONS / CHANGES

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

TITLE  
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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:

*Stephen L. Axelrod*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/27/00  
Date

303-322-9400  
Daytime Phone #

CR2E083 (9/99)