

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2002 8:00 am
Secretary of State

05-15-2002 90059 038 ****50.00

DOCUMENT # L01000004405

1. Entity Name

PNEUMOFLEX SYSTEMS, LLC

Principal Place of Business

101 EAST FLORIDA AVE.
MELBOURNE FL 32901

Mailing Address

101 EAST FLORIDA AVE.
MELBOURNE FL 32901

2. Principal Place of Business

200 OCEAN AVENUE

3. Mailing Address

200 OCEAN AVENUE

Suite, Apt. #, etc.

SUITE 201

Suite, Apt. #, etc.

SUITE 201

City & State

MELBOURNE BEACH FL

City & State

MELBOURNE BEACH FL

Zip

32951

Country

USA

Zip

32951

Country

USA

4. FEI Number

59-3736748

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

KANCILIA, JOHN R ESQ.
1800 WEST HIBISCUS BLVD.
SUITE 138
MELBOURNE FL 32902

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	Controlling Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pneumoflex, Inc.	
STREET ADDRESS	101 East Florida Avenue	
CITY-ST-ZIP	Melbourne FL 32901	
TITLE	Managing Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William P. Kennedy	
STREET ADDRESS	101 East Florida Avenue	
CITY-ST-ZIP	Melbourne FL 32901	
TITLE	Managing Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	W. Robert Addington, II, DO	
STREET ADDRESS	101 East Florida Avenue	
CITY-ST-ZIP	Melbourne FL 32901	
TITLE	Managing Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stuart P. Miller, MD	
STREET ADDRESS	101 East Florida Avenue	
CITY-ST-ZIP	Melbourne FL 32901	
TITLE	Managing Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert E. Stephens, MD	
STREET ADDRESS	101 East Florida Avenue	
CITY-ST-ZIP	Melbourne FL 32901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED

4/26/02

321-674-2225

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

Date

Daytime Phone #

CR2E083 (9/01)