2001 U	NIFORM	<b>BUSINESS</b>	REPORT (	(UBR)
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DOCUN 1. Entity Name		# A16	6472				,	ı	18 H						
OAKBROOK MEDICAL, LTD.						1	FILED .								
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Principal Place	e of Business		N	Mailing Ad	ldress		, cr	ndet	ARY OF S	TATE					
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Suite, Apt. #	#, etc.			Suite, Ap	ot. #, etc.	·				DO NOT	WRITE IN	THIS SI	PACE		
City & State	e			City & Sta	ate				4. FEI Num	ber <b>59-2315</b>	000			Applied Fo	
Zio	l'	Country		Zip		Coun	trv			· · ·		/ 5	8.75	Not Applicated Additional	ıble
Zip	-			<b>-</b> • •			· · · · ·			te of Status Desi	•	<u> </u>	ee Req		
<del></del>	6. Name a	nd Address of C	urrent Regi	istered Ag	gent	,	Name	<del></del>	/. Name at	nd Address of N	ew negist	ered A	yent		$\dashv$
WEBB, MICI		<b>)</b> .					Street Ad	dress (l	P.O. Box Num	ber is Not Accep	stable)				$\dashv$
1111 NE 25	5TH AVE.														$\dashv$
SUITE 302 OCALA FL 3	32670						City						Zíp C	ode	
												FL			
8. The above r	named entity	submits this state	ment for the	purpose o	of changing its	s registere	ed office or r	egister	ed agent, or b	oth, in the State	of Florida.			į	
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