

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90097 001 ****50.00

DOCUMENT # L00000000114

1. Entity Name

SARASOTA ENDO INVESTORS, LLC



Principal Place of Business

1217 EAST AVE., SOUTH
SUITE 301
SARASOTA FL 34239

Mailing Address

1217 EAST AVE., SOUTH
SUITE 301
SARASOTA FL 34239

2. Principal Place of Business

3325 S. Tamiami Trail

3. Mailing Address

3325 S. Tamiami Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip
34239

Country
USA

Zip
34239

Country
USA

4. FEI Number

65-0995618

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

LOEWE, CHARLES J MD
1217 EAST AVE., SOUTH
SUITE 301
SARASOTA FL 34239

7. Name and Address of New Registered Agent

Name

Cyrus Badii, M.D.

Street Address (P.O. Box Number is Not Acceptable)

3325 S. Tamiami Trail

City

Sarasota

FL

Zip Code

34239

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...)

DATE

1/17/03

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME LOEWE, CHARLES MD
STREET ADDRESS 1217 EAST AVE SOUTH STE 301
CITY-ST-ZIP SARASOTA FL 34239

TITLE MGRM ☐ Delete
NAME BADII, CYRUS MD
STREET ADDRESS 1217 EAST AVE SOUTH STE 301
CITY-ST-ZIP SARASOTA FL 34239

TITLE MGRM ☐ Delete
NAME HARWELL, B. JASON
STREET ADDRESS 8395 BLUFFVIEW WAY
CITY-ST-ZIP COLORADO SPRINGS CO 80919

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME Loewe, Charles MD
STREET ADDRESS 3325 S. Tamiami Trail
CITY-ST-ZIP Sarasota, FL 34239

TITLE MGRM ☒ Change ☐ Addition
NAME Badii, Cyrus MD
STREET ADDRESS 3325 S. Tamiami Trail
CITY-ST-ZIP Sarasota, FL 34239

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

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

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

TITLE ☐ Change ☐ 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~~

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

Date

01/17/03

Daytime Phone #

719/592-1473

CR2E083 (10/02)