

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000133

1. Entity Name

MANDELBLUM AND COHEN MEDICAL CONSULTANTS, LLC

Principal Place of Business

6090 26TH STREET  
BRADENTON FL 34207

Mailing Address

6090 26TH STREET  
BRADENTON FL 34207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COHEN, ARTHUR J  
6090 26TH STREET WEST  
BRADENTON FL 34207

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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTNR COHEN, ARTHUR 6090 26TH STREET BRADENTON FL 34207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTNR MANDELBLUM, DAVID 6090 26TH STREET BRADENTON FL 34207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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

Daytime Phone #

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90132 007 \*\*\*\*50.00

80204

DO NOT WRITE IN THIS SPACE

CR2083 (9/01)

Attachment # L00000000133

\*\*\* TX REPORT \*\*\*  
\*\*\*\*\*

82904

TRANSMISSION OK

TX/RX NO 1988  
CONNECTION TEL 7553582  
CONNECTION ID COHEN  
ST. TIME 01/26 12:37  
USAGE T 00'46  
PGS. 1  
RESULT OK

01/26/00 WED 11:32 FAX 878 530 6158

TELETIN

001

## FACSIMILE TRANSMISSION INTERNAL REVENUE SERVICE

ATLANTA SERVICE CENTER  
PO BOX 47-421  
TELE-TIN UNIT STOP 751  
DORAVILLE, GA 30362

DATE 1-26-00 RECD \_\_\_\_\_ TIME \_\_\_\_\_

NAME

FAX NUMBER

Arthur Cohen

941-756-6254

IF YOU HAVE ANY QUESTIONS ABOUT ANY FAX RECEIVED FROM OUR  
OFFICE PLEASE CALL US AT (678) 530-7925 OR (678) 530-7902.

TOTAL PAGE: 1

COMMENTS: WE HAVE ASSIGNED AN EMPLOYER IDENTIFICATION  
NUMBER FOR THE ENTITY (IES) SHOWN BELOW. YOU SHOULD  
RECEIVE WRITTEN NOTIFICATION OF YOUR EMPLOYER  
IDENTIFICATION NUMBER(S) WITHIN 30 DAYS.

COMPANY NAME:

Mandel Blum And Cohen Medical  
Consultants LLC

EMPLOYER IDENTIFICATION NUMBER (EIN):

65-0974096

COMPANY NAME:

EMPLOYER IDENTIFICATION NUMBER (EIN):