

202 UNIFORM STATE DOCUMENT # L00000000257

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FILED

03 MAR -4 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

1. Entity Name
FLORIDA DOCTORS ASSOCIATES, L.L.C.

Principal Place of Business
10935 BRISTOL DRIVE #215
BRADENTON FL 34209

Mailing Address
10935 BRISTOL DRIVE #215
BRADENTON FL 34209

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **NOT APPLICABLE**

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

6. Name and Address of Current Registered Agent

ALI, ASAD
10935 BRISTOL DRIVE #215
BRADENTON FL 34209

7. Name and Address of New Registered Agent

Name **ALI, ASAD**

Street Address (P.O. Box Number is Not Acceptable)
6078, 14TH ST WEST

City **BRADENTON** FL Zip Code **34207**

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 *Asad Ali* DATE **2/25/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME MGRM ALI, ASAD STREET ADDRESS 10935 BRISTOL DRIVE #215 CITY-ST-ZIP BRADENTON FL 34209	<input type="checkbox"/> Delete
TITLE NAME MGRM BHAMBER, DAVINDER S STREET ADDRESS 5115 N. SOCRUM LOOP ROAD, #83 CITY-ST-ZIP LAKELAND FL 33809	<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"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME MGRM ALI, ASAD STREET ADDRESS 6078, 14TH ST WEST CITY-ST-ZIP BRADENTON FL 34207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME MGRM BHAMBER, DAVINDER S STREET ADDRESS 5250 17th St Suite 7 CITY-ST-ZIP SARASOTA FL 34235	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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: *Asad Ali* SIGNATURE *Asad Ali* DATE **1/29/03** DAYTIME PHONE # **941.752.1400**

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

CR2E083 (4/02)