

DOCUMENT # L00000000257

1. Entity Name

FLORIDA DOCTORS ASSOCIATES, L.L.C.

FILED

03 MAR -4 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number NOT APPLICABLE

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

ALI, ASAD

10935 BRISTOL DRIVE #215  
BRADENTON FL 34209

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

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 September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME ALI, ASAD  
STREET ADDRESS 10935 BRISTOL DRIVE #215  
CITY-ST-ZIP BRADENTON FL 34209

TITLE MGRM ☒ Change ☐ Addition  
NAME ALI, ASAD  
STREET ADDRESS 6078, 14TH ST WEST  
CITY-ST-ZIP BRADENTON FL 34207

TITLE MGRM ☐ Delete  
NAME BHAMBER, DAVINDER S  
STREET ADDRESS 5115 N. SOCRUM LOOP ROAD, #83  
CITY-ST-ZIP LAKELAND FL 33809

TITLE MGRM ☒ Change ☐ Addition  
NAME BHAMBER, DAVINDER S  
STREET ADDRESS 5250 17TH ST Suite 7  
CITY-ST-ZIP SARASOTA FL 34235

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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

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

Date

Daytime Phone #

CR2E083 (4/02)