

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

Name **ALI, ASAD**
Street Address **10935 BRISTOL DRIVE #215**
BRADENTON FL 34209

7. Name and Address of New Registered Agent

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

10. ADDITIONS / CHANGES

TITLE NAME MGRM ALI, ASAD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6078, 14TH ST WEST	
CITY-ST-ZIP BRADENTON FL 34207	
TITLE NAME MGRM BHAMBER, DAVINDER S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5250 17th St Suite 7	
CITY-ST-ZIP SARASOTA FL 34235	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

REINSTATEMENT 02-03

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* DATE: **1/29/03** DAYTIME PHONE #: **941.752.2400**

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

CR2E083 (4/02)