

2001 UNIFORM BUSINESS REPORT (UBR)

01-4720

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FILED

01 MAR 15 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
MEDICAL OFFICE NETWORKS OF SARASOTA, LLC

Principal Place of Business 2491 SOUTH LOCKWOOD RIDGE ROAD SARASOTA FL 34239	Mailing Address 2491 SOUTH LOCKWOOD RIDGE ROAD SARASOTA FL 34239
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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 **65-0984644** Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

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

**NAPOLITANO, JOHN E
677 N. WASHINGTON BLVD., STE. 1-A
SARASOTA FL 34234**

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 _____ DATE _____
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**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member <input type="checkbox"/> Delete THOMAS L. JENKINS 2491 S LOCKWOOD RIDGE RD SARASOTA, FL 34239
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800003892998-2 -03/22/01-01073-005 *****50.00 *****50.00
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: *[Signature]* 3-12-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)