FROM : FAX NO. : 847 577 6214

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 30, 2002 8:00 am
Secretary of State
09-30-2002 90175 011 ****50.00

DOCUMENT # L00000001913

1. Entity Name

ORDONEZ & DOLLAR MEDICAL GROUP, L.L.C.

981307

Principal Place of Business	Mailing Address
1109 HARRISON AVENUE PANAMA CITY FL 32401	1109 HARRISON AVENUE PANAMA CITY FL 32401

[redacted]

DO NOT WRITE IN THIS SPACE

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 59-3659793 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BENNETT, DERRICK
112 E. THIRD COURT
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

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. 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LUZVIMIND, DOREIEZ 1109 HARRISON AVE. PANAMA CITY FL 32401	☐ Delete	MGRM ORDONEZ DOLAR, LUZVIMINDA 1109 HARRISON AVE PANAMA CITY FL 32401	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DOLAR, JOSE MD 1109 HARRISON AVE. PANAMA CITY FL 32401	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: X [signature] X 9-30-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment

981307

L00000001913

1109 Harrison Ave.
Panama City, Fl. 32401
September 30, 2002

Division of Corporation
Registration Section
P.O. Box 6478
Tallahassee, Fl. 32314

Gentlemen:

We are sending you herewith our 2002 Uniform Business Report (UBR) with a check for $50.

This is the first time we file this report. We are sorry that we were unable to file it by September 25, 200[illegible].

Truly yours,

LUZVIMINDA O. DOLAR, MGRM
Ordonez & Dolar Medical Group LLC