


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90273 019 ****50.00

DOCUMENT # L0000002028
1. Entity Name
JOAN D. O'LEARY, M.D., P.L.



30064931

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1555 Kingsley Avenue
Suite, Apt. #, etc.
Suite 401

3. Mailing Address
1555 Kingsley Avenue
Suite, Apt. #, etc.
Suite 401

DO NOT WRITE IN THIS SPACE

City & State
Orange Park, FL

City & State
Orange Park, FL

4. FEI Number 59-3626152
Applied For
Not Applicable

Zip
32073

Country
USA

Zip
32073

Country
USA

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name O'Leary, William A Esquire
Street Address (P.O. Box Number is Not Acceptable)
12143 Dividing Oaks Trail E
City Jacksonville FL Zip Code 32223

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]*
Signature, typed or printed name of registered agent and title if applicable.

DATE 4.30.03

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR - O'Leary, Joan D 12143 Dividing Oaks Trail E Jacksonville, FL 32223
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DO NOT WRITE IN THIS SPACE

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 606, Florida Statutes.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE 4.30.03
Date Daytime Phone #

CR2E083B (12/02)