# LIMITED LIABILITY COMPANY
# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002657

1. Entity Name
CORTEZ PROFESSIONAL PLAZA LLC

SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAR 16 PM 12:27

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 5404 CORTEZ RD W | PO BOX 14908 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: BRADENTON, FL | City & State: BRADENTON, FL |
| Zip: 34210 Country: USA | Zip: 34280 Country: USA |

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1044034 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: DANZIGER, ROGER N

Street Address (P.O. Box Number is Not Acceptable): 524 71ST STREET

City: HOLMES BEACH, FL Zip Code: 34217

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

9. MANAGING MEMBERS / MANAGERS

| | |
|---|---|
| TITLE | MGRM P |
| NAME | DANZIGER, ROGER MD PA |
| STREET ADDRESS | 524 71ST STREET |
| CITY-ST-ZIP | HOLMES BEACH, FL 34217 |
| TITLE | MGRM VP |
| NAME | YASKIN, DEBBIE DMD PA |
| STREET ADDRESS | 524 71ST STREET |
| CITY-ST-ZIP | HOLMES BEACH, FL 34217 |
| TITLE | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | 02/25/09--01040--001 **55.00 |
| | 200144434752 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | 200144434752 |
| CITY-ST-ZIP | 03/13/09--01005--003 **88.75 |
| TITLE | |
| NAME | |
| STREET ADDRESS | FF $138.75 |
| CITY-ST-ZIP | CUS 5.00 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

CR2E083B (12/01)

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.

ROGER DANZIGER MD 2/17/09 9417611911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

E. Tadlock MAR 16 2009