

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L00000003186

1. Entity Name

MEDICAL SPECIALTY PROCEDURES L.C.

FILED

01 FEB 22 PM 4:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1485 37TH STREET, SUITE 101  
VERO BEACH FL 32960

Mailing Address

1485 37TH STREET, SUITE 101  
VERO BEACH FL 32960



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1355 37th Street  
Suite, Apt. #, etc.  
Suite 304

3. Mailing Address

1355 37th Street  
Suite, Apt. #, etc.  
Suite 304

City & State

Vero Beach, Florida

City & State

Vero Beach, Florida

4. FEI Number

54-1246519

Applied For

Not Applicable

Zip

32960

Country

USA

Zip

32960

Country

USA

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WERNICKI, PETER M.D.  
1355 37TH STREET, SUITE A  
VERO BEACH FL 32960

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.

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR  
NAME WERNICKI, PETER M.D.  
STREET ADDRESS ~~1485 37TH STREET, SUITE 101~~  
CITY-ST-ZIP VERO BEACH FL 32960 ☐ Delete

TITLE MGR  
NAME ATWELL, ROBIN M.D.  
STREET ADDRESS ~~1485 37TH STREET~~  
CITY-ST-ZIP VERO BEACH FL 32960 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE MGR  
NAME Benjamin, Johnny M.D.  
STREET ADDRESS 1355 37th Street, Suite 304  
CITY-ST-ZIP ☐ Delete

TITLE MGR  
NAME Atwell, Robin M.D.  
STREET ADDRESS 1355 37th Street, Suite 304  
CITY-ST-ZIP ☐ Delete

TITLE MGR  
NAME Wernicki, Peter M.D.  
STREET ADDRESS 1355 37th Street, Suite 304  
CITY-ST-ZIP Vero Beach, Florida 32960 ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
700003782907-1  
-02/27/01--01088--015  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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: *[Signature]*

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

Date

Daytime Phone #

CR2E083 (11/00)