

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90086 045 ****50.00

DOCUMENT # L00000003186

1. Entity Name

MEDICAL SPECIALTY PROCEDURES L.C.

Principal Place of Business

1355 37TH STREET
SUITE 304
VERO BEACH FL 32960

Mailing Address

1355 37TH STREET
SUITE 304
VERO BEACH FL 32960

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

54-1246519
05-1114182 (re-attached)

Applied For

Not Applicable

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

WERNICKI, PETER M.D.
1355 37TH STREET, SUITE 304
VERO BEACH FL 32960

Name REDECCA B. COLTON, PA C.P.A.
Street Address (P.O. Box Number is Not Acceptable)
3055 CARDINAL DRIVE STE 303
City VERO BEACH FL Zip Code 32963

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 Rebecca B. Colton
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/14/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME WERNICKI, PETER M.D.
STREET ADDRESS 1355 37TH STREET, SUITE 304
CITY-ST-ZIP VERO BEACH FL 32960

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

TITLE MGR ☐ Delete
NAME ATWELL, ROBIN M.D.
STREET ADDRESS 1355 37TH STREET, SUITE 304
CITY-ST-ZIP VERO BEACH FL 32960

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

TITLE MGR ☐ Delete
NAME BENJAMIN, JOHNNY MD
STREET ADDRESS 1355 37TH ST. SUITE 304
CITY-ST-ZIP VERO BEACH FL 32960

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

TITLE MGR ☒ Delete
NAME ATWELL, ROBIN MD
STREET ADDRESS 1355 37TH ST. SUITE 304
CITY-ST-ZIP VERO BEACH FL 32960

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

TITLE MGR ☒ Delete
NAME WERNICKI, PETER MD
STREET ADDRESS 1355 37TH ST. SUITE 304
CITY-ST-ZIP VERO BEACH FL 32960

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 REQUIRED

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

Date

Daytime Phone #

01/28/02 561-794-4236

CP2E083 (9/01)

Jan-31-02 03:42P

386 738 1448

P.02

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
ATLANTA GA 39901

DATE OF THIS NOTICE: 06-28-2001
NUMBER OF THIS NOTICE: CP 576 A
EMPLOYER IDENTIFICATION NUMBER: 65-1114182
FORM: 1065
0716527650 B

FOR ASSISTANCE CALL US AT:
1-800-829-1040

MEDICAL SPECIALTY PROCEDURES LC
1355 37TH ST STE 304
VERO BEACH FL 32960

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

As we were processing your Form 1065 for tax period 122000, we found that your form didn't have a valid employer identification number (EIN). Our records show no EIN assigned to this business. Since an EIN is required by law, we assigned you EIN 65-1114182. Please keep this notice for your records.

Use your name and EIN exactly as shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

Every taxpayer must figure taxable income on the basis of an annual accounting period, called a tax year. For trusts, your tax year must generally be a calendar year, unless you are a charitable trust or are exempt from tax under the law. For partnerships, your tax year must conform with either the tax year of the the majority partners, the tax year of the principal owners, or a calendar year, in that order, unless you establish a business purpose for using a different tax year. A personal service corporation must use a calendar year as its tax year, unless you establish a business purpose for using a different tax year. For further information, see Publication 538 (Accounting Periods and Methods), available at most IRS offices.

We've enclosed a Form SS-4, Application for Employer Identification Number (EIN), for you to complete so your account record will be complete. Please return the form with the bottom part of this notice within 15 days. We've enclosed an envelope for your convenience.

If you already have an EIN, return the bottom part of this notice to us. Write in the exact name and EIN shown on the notice you received assigning you that EIN.

Thank you for your cooperation.

Keep this part for your records.

CP 576 A (Rev. 7-199