FILED
Jun 02, 2003 8:00 am
Secretary of State

05-05-2003 90697 024 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004774

1. Entity Name
GARFIELD A. MUNROE, M.D., P.L.

44002975

Principal Place of Business	Mailing Address
~~12717 WEST SUNRISE BLVD., #264 SUNRISE, FL 33323~~	~~12717 WEST SUNRISE BLVD., #264 SUNRISE, FL 33323~~

2. Principal Place of Business	3. Mailing Address
9009 PINES BLVD.	9009 PINES BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PEMBROKE PINES, FL	City & State: PEMBROKE PINES, FL
Zip: 33024-6440 Country: US	Zip: 33024-6440 Country: US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1000104 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

~~JUMPINGJAXTAX.COM, INC.~~
~~4940 HARRISON ST., #200-B~~
~~HOLLYWOOD, FL 33020~~

7. Name and Address of New Registered Agent

Name: E. SONIE MURRAY, MANAGER
Street Address (P.O. Box Number is Not Acceptable): 9009 PINES BLVD.
City: PEMBROKE PINES FL Zip Code 33024

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 5/22/03

FEE IS $50.00 Make Check Payable to Florida Department of State Due By May 1, 2003

9. MANAGING MEMBERS/ MANAGERS		☐ Delete	10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MUNROE, GARFIELD A M.D. ~~12717 WEST SUNRISE BLVD., #264~~ ~~SUNRISE, FL 33323~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MUNROE, GARFIELD A., M.D. 9009 PINES BLVD. PEMBROKE PINES, FL 33024-6440	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (10/02)

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 and typed or printed name of signing managing member, manager, or authorized representative — Date: 30 APR 03 — Daytime Phone #: 800-203-2347