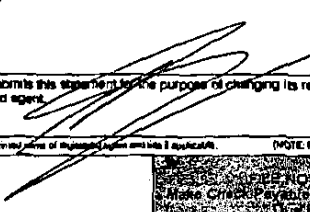
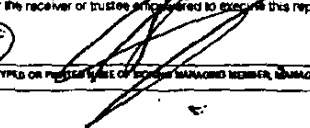


FILED
Jun 02, 2003 8:00 am
Secretary of State

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

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004774		
1. Entry Name GARFIELD A. MUNROE, M.D., P.L.		
Principal Place of Business 12717 WEST SUNRISE BLVD., #264 SUNRISE, FL 33323		Mailing Address 12717 WEST SUNRISE BLVD., #264 SUNRISE, FL 33323
2. Principal Place of Business 9009 PINES BLVD. Suite, Apt. #, etc.		3. Mailing Address 9009 PINES BLVD. Suite, Apt. #, etc.
City & State PEMBROKE PINES, FL		City & State PEMBROKE PINES, FL
Zip 33024-6440	Country US	Zip 33024-6440
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 JUMPING JACQUARD, INC. 4840 HARVISON 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 entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am, (initial or with, and accept the obligations of registered agent.		
SIGNATURE  (Signature is, typed or printed name of registered agent and title if applicable.)		DATE 5/27/03 (NOTE: Registered Agent Signature Required when it changes.)
9. MANAGING MEMBERS/MANAGERS		
10. ADDITIONS/CHANGES		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(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 authorized to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE  SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE 30 APR 03 800-203-2347

44002975

☐ CHECK HERE IF MAKING CHANGES

CH2003 (10/02)