

2001 UNIFORM BUSINESS REPORT (UBR)

0022022
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DOCUMENT # L00000005969

1. Entity Name

MEDHOLDINGS, LLC

FILED

01 APR 20 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5741 BEE RIDGE ROAD SUITE 390
SARASOTA FL 34233

Mailing Address

5741 BEE RIDGE ROAD SUITE 390
SARASOTA FL 34233



DO NOT WRITE IN THIS SPACE

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

PENDING

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

NAPOLITANO, JOHN E
677 NORTH WASHINGTON BOULEVARD
SARASOTA FL

Name DAN PREWETT

Street Address (P.O. Box Number is Not Acceptable)
5777 BENEVA RD S.

City SARASOTA

FL Zip Code 34233

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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MANAGING MEMBER
DEANNA DOYLE-VALLEY

TITLE NAME STREET ADDRESS CITY-ST-ZIP
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MEMBER
JOSEPH C. CORCOLAN

TITLE NAME STREET ADDRESS CITY-ST-ZIP
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MEMBER
GARY W. EASTERLING

TITLE NAME STREET ADDRESS CITY-ST-ZIP
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MEMBER
DEANNA DOYLE-VALLEY

TITLE NAME STREET ADDRESS CITY-ST-ZIP
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP
ALL ADDRESSES
5741 Bee Ridge Rd
Suite 390
Sarasota, FL 34233

TITLE NAME STREET ADDRESS CITY-ST-ZIP
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: X

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

Date

Daytime Phone #

CR2E083 (11/00)