

# 2001 UNIFORM BUSINESS REPORT (UBR)

002576 AF

DOCUMENT # L00000007425

1. Entity Name

BIOCITICA LIMITED COMPANY

FILED

01 FEB -8 AM 10:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5878 LA COSTA DRIVE ORLANDO FL 32807	Mailing Address PO BOX 561043 ORLANDO FL 32856
--	--

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 59-3657338	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Dr. DARWISH, Julian G.  
Street Address (P.O. Box Number is Not Acceptable)  
5878 La Costa Dr.  
City Orlando, FL Zip Code 32807

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 Julian G. DARWISH Julian G. DARWISH 112812001  
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

600003675326--8  
-02/13/01--01022--025  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DARWISH, JULIAN G PO BOX 561043 ORLANDO FL 32856	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KUCZER, MICHAEL PO BOX 561043 ORLANDO FL 32856	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OSTRIROV, FELIX PO BOX 561043 ORLANDO FL 32856	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DARWISH, JULIAN G PO BOX 561043 ORLANDO FL 32856	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Dr. ABRAHAM Solomon, M.D. P.O. Box 561043 ORLANDO FL 32856	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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] 112812001 (407) 282-8515  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)