

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007667

1. Entity Name

STAR MEDICAL GROUP, P.L.

Principal Place of Business

Mailing Address

1205 MONUMENT ROAD
JACKSONVILLE FL 32225

1205 MONUMENT ROAD
JACKSONVILLE FL 32225

2. Principal Place of Business

1201 Monument Rd.

3. Mailing Address

1201 Monument Rd

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

City & State

City & State

Zip

Country

Zip

Country

FILED
01 JUL 20 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-7168952

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

SLAGLE, SUSAN
1201 SAN AMARO ROAD
JACKSONVILLE FL 32207

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Due By September 26, 2001

600004495376--2
-07/25/01--01045--028
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
OSCAR E. RODAS, M.D.
1205 MONUMENT ROAD
JACKSONVILLE FL 32225 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1201 Monument Rd Suite 201 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/13/01

CR2E083 (5/01)

1279