2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000007903

Entity Name: UNIVERSAL MEDICAL MANAGEMENT L.L.C.

FILED May 01, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

12766 NORTH 57TH STREET 6343 COUNTRY CLUB RD TAMPA, FL 33617 WESLEY CHAPEL, FL 33544

Current Mailing Address: New Mailing Address:

P O BOX 291275 TAMPA, FL 33687

FEI Number: 59-3666457 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILLIAMS, BRIAN
12766 NORTH 57TH STREET
TAMPA, FL 33617

WILLIAMS, BRIAN
6343 COUNTRY CLUB ROAD
WESLEY CHAPEL, FL 33544

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: 05/01/2002

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

ADDITIONS/CHANGES:

 Title:
 MGR
 () Delete
 Title:
 MGR
 (X) Change () Addition

 Name:
 WILLIAMS, BRIAN K MR.
 Name:
 WILLIAMS, BRIAN K MR.

 Address:
 12766 N 57TH STREET
 Address:
 6343 COUNTRY CLUB ROAD

 City-St-Zip:
 TAMPA, FL 33617
 City-St-Zip:
 WESLEY CHAPEL, FL 33544

Title: MGRM () Delete Title: () Change () Addition

 Name:
 WILLIAMS, MICHAEL R MR.
 Name:

 Address:
 5118 TENNIS COURT CIRCLE
 Address:

 City-St-Zip:
 TAMPA, FL 33617
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 WILLIAMS, MONICA Q MS.
 Name:

 Address:
 5106 TENNIS COURT CIRCLE
 Address:

 City-St-Zip:
 TAMPA, FL 33617
 City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: WILLIAMS, JOANN MRS. Name: WILLIAMS, JOANN MRS. 6343 COUNTRY CLUB ROAD Address: 12766 N 57TH STREET Address: City-St-Zip: TAMPA, FL 33617 City-St-Zip: WESLEY CHAPEL, FL 33544

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BRIAN WILLIAMS MGR 05/01/2002