

2001 UNIFORM BUSINESS REPORT (UBR)

0017396 AF

DOCUMENT # L00000008296

1. Entity Name
CHECKCANCER.COM, L.L.C.

FILED

01 MAR 15 AM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
3001 WEST DR. MARTIN LUTHER KING, JR. BLVD
TAMPA FL 33607

Mailing Address
3001 WEST DR. MARTIN LUTHER KING, JR. BLVD
TAMPA FL 33607

2. Principal Place of Business
4600 N. HABANA AVE.
Suite, Apt. #, etc.
SUITE 19-A

3. Mailing Address
4600 N. HABANA AVE.
Suite, Apt. #, etc.
SUITE 19-A

City & State
TAMPA, FL

City & State
TAMPA, FL

Zip
33614

Country
USA

Zip
33614

Country
USA

4. FEI Number
59-3665720

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RUGG, JOSEPH W.N.
C/O AKERMAN, SENTERFITT & EIDSON, P.A.
100 SOUTH ASHLEY DRIVE
TAMPA FL 33602

7. Name and Address of New Registered Agent

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 _____ (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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
LADEN, S. AARON M.D.
3001 WEST DR. MARTIN LUTHER KING, JR. BLVD
TAMPA FL 33607

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MANAGER
LADEN, S. AARON M.D.
4600 N. HABANA AVE. SUITE 19-A
TAMPA, FL 33614

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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: S. AARON LADEN REQUIS. AARON LADEN 3/2/01 (813)874-3993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)