

2002 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Mar 10, 2002 8:00 am
Secretary of State

02-05-2002 90115 048 ****50.00

DOCUMENT # L00000009302

1. Entity Name

PELICAN MEDICAL, L.L.C.

Principal Place of Business

1191 N. FEDERAL HIGHWAY, PMB 103
DELRAY BEACH FL 33483

Mailing Address

1191 N. FEDERAL HIGHWAY, PMB 103
DELRAY BEACH FL 33483

113

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

PMB 113



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1034350

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FARACH, MANUEL
1645 PALM BEACH LAKES BLVD., SUITE 1200
WEST PALM BEACH FL 33401

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

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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **WILSON, JEFF**
CITY-ST-ZIP **10 WISTERA WAY**
WRENTHAM MA 02093

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **JAMES, JOHN K**
CITY-ST-ZIP **702 NW 11TH ST**
DELRAY BEACH FL 33444

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

2-25-02 561
279-8007

CR2E083 (9/01)