

FILED
Jun 20, 2003 8:00 am
Secretary of State

05-05-2003 91433 025 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (URB)**

DOCUMENT # L00000009302			
1. Entity Name PELICAN MEDICAL, L.L.C.			
Principal Place of Business		Mailing Address	
2. Principal Place of Business 1191 N. Federal Highway Suite, Apt. #, etc. PMB 113 City & State Delray Beach, FL Zip 33483 Country USA		3. Mailing Address 1191 N. Federal Highway Suite, Apt. #, etc. PMB 113 City & State Delray Beach, FL Zip 33483 Country USA	
		4. FEI Number 65-1034350	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$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, Florida 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <small>Signature, typed or printed name of registered agent and filer if applicable</small>		DATE	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2003			
9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member <input type="checkbox"/> Delete Danks, John K. <i>President</i> 203 NW 11th Street Delray Beach, FL 33444	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member <input type="checkbox"/> Delete Wilson, Jeff <i>V. P. Farach</i> 10 Wistera Way Wrentham, MA 02093	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 <i>Manuel Farach</i>		April 30, 2003 561-686-3307	
SIGNATURE AND TYPED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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☐ CHECK HERE IF MAKING CHANGES