

**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)**

<b>DOCUMENT #</b> L0000009302	
1. Entity Name <b>PELICAN MEDICAL, L.L.C.</b>	
Principal Place of Business	Mailing Address
2. Principal Place of Business <b>1191 N. Federal Highway</b> Suite, Apt. #, etc. <b>PMB 113</b> City & State <b>Delray Beach, FL</b> Zip <b>33483</b> Country <b>USA</b>	3. Mailing Address <b>1191 N. Federal Highway</b> Suite, Apt. #, etc. <b>PMB 113</b> City & State <b>Delray Beach, FL</b> Zip <b>33483</b> Country <b>USA</b>
4. FEI Number <b>65-1034350</b>	
Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>Farach, Manuel</b> <b>1645 Palm Beach Lakes Blvd., Suite 1200</b> <b>West Palm Beach, Florida 33401</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable (Note: registered Agent signature required when reactivating)</small>	
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Department of State</b> <b>Due By May 1, 2003</b>	
9. MANAGING MEMBERS/MEMBERS	
10. ADDITIONS/CHANGES	
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
Member <b>Danks, John K.</b> <i>President</i> <b>203 NW 11<sup>th</sup> Street</b> <b>Delray Beach, FL 33444</b>	
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
Member <b>Wilson, Jeff</b> <i>V. Farach</i> <b>10 Wistera Way</b> <b>Wrentham, MA 02093</b>	
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 _____ DATE <b>April 30, 2003</b> 561-686-3307 <small>SIGNATURE AND TYPED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Data Daytime Phone #</small>	

44004819

CHECK HERE IF MAKING CHANGES