2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2002 8:00 AM
Secretary of State

DOCUMENT# L00000009941

Entity Name: JAMES E. MCDONNELL, M.D., PLC

Current Principal Place of Business:

459 S. NOVA ROAD
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

459 S. NOVA ROAD
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-3664896 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCDONNELL, JAMES E MD
459 S. NOVA ROAD
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MD ( ) Delete
Name: MCDONNELL, JAMES E
Address: 459 S. NOVA ROAD
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MCDONNELL, JAMES E MD
Address: 459 S. NOVA ROAD
City-St-Zip: ORMOND BEACH, FL 32174

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: JAMES E MCDONNELL MD MGRM 01/18/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date