

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90006 015 ****50.00

DOCUMENT # L00000009981

1. Entity Name

GLOBAL MEDICAL DIAGNOSTICS, LLC

Principal Place of Business

**8920 HECKSCHER DRIVE
 JACKSONVILLE FL 32226**

Mailing Address

**8920 HECKSCHER DRIVE
 JACKSONVILLE FL 32226**

824786

2. Principal Place of Business

5912 BEACH BLVD
 Suite, Apt. #, etc.

3. Mailing Address

5912 BEACH BLVD
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE FL

Zip
32207

Country
USA

City & State
JACKSONVILLE, FL

Zip
32207

Country
USA

4. FEI Number

59-3651826

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**RAYNE, KEITH E D.C.
 8920 HECKSCHER DR.
 JACKSONVILLE FL 32226**

7. Name and Address of New Registered Agent

Name **RAYNE, KEITH**

Street Address (P.O. Box Number is Not Acceptable)

5912 BEACH BLVD

City **JACKSONVILLE**

FL

Zip Code **32207**

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
 NAME **MGRM**
 STREET ADDRESS **RAYNE, KEITH E D.C.**
 CITY-ST-ZIP **8920 HECKSCHER DR
 JACKSONVILLE FL 32226**

☐ Delete

TITLE
 NAME **MGRM**
 STREET ADDRESS **VESTAL, ROBERT M**
 CITY-ST-ZIP **8920 HECKSCHER DR
 JACKSONVILLE FL 32226**

☐ Delete

TITLE
 NAME **MGRM**
 STREET ADDRESS **OLEVNIK, JOHN P D.C.**
 CITY-ST-ZIP **8920 HECKSCHER DR
 JACKSONVILLE FL 32226**

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TITLE
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10. ADDITIONS / CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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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:

KEITH RAYNE REQUIRED

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

Date

Daytime Phone #

CR2E083 (9/01)