

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90165 012 \*\*\*\*50.00

**DOCUMENT # L00000010490**

1. Entity Name

**ONE STOP HEALTH SHOPPE, L.L.C.**

Principal Place of Business

**ONE INDEPENDENT DRIVE, SUITE 2210  
 JACKSONVILLE FL 32202**

Mailing Address

**ONE INDEPENDENT DRIVE, SUITE 2210  
 JACKSONVILLE FL 32202**

000-23668

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-3664941**

**APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SURFACE, J. FRANK JR.  
 ONE INDEPENDENT DRIVE, SUITE 2210  
 JACKSONVILLE FL 32202**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM COMMUNITY RESOURCE SYSTEMS ONE INDEPENDENT DRIVE, SUITE 2210 JACKSONVILLE FL 32202</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**

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

**3/12/02**

(56)

**444-3335, YLH**

Date

Daytime Phone #

CR2E083 (9/01)