

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000010490

FILED  
Feb 26, 2003  
Secretary of State

Entity Name: ONE STOP HEALTH SHOPPE, L.L.C.

## Current Principal Place of Business:

ONE INDEPENDENT DRIVE, SUITE 2210  
JACKSONVILLE, FL 32202

## New Principal Place of Business:

1805 COPELAND STREET  
200  
JACKSONVILLE, FL 32204

## Current Mailing Address:

ONE INDEPENDENT DRIVE, SUITE 2210  
JACKSONVILLE, FL 32202

## New Mailing Address:

1805 COPELAND STREET  
200  
JACKSONVILLE, FL 32204

FEI Number: 59-3664941

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

SURFACE, J. FRANK JR.  
1805 COPELAND STREET  
200  
JACKSONVILLE, FL 32204 US

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: J. FRANK SURFACE, JR.

02/26/2003

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: COMMUNITY RESOURCE S, YSTEMS  
Address: ONE INDEPENDENT DRIVE, SUITE 2210  
City-St-Zip: JACKSONVILLE, FL 32202

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: COMMUNITY RESOURCE S, YSTEMS  
Address: 1805 COPELAND STREET, SUITE 200  
City-St-Zip: JACKSONVILLE, FL 32204

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: J. FRANK SURFACE, JR.

MGR

02/26/2003

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