

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90152 024 ****50.00

DOCUMENT # L00000010651

1. Entity Name

MANATEE MEDICAL SPECIALISTS, LLC

Principal Place of Business

**2227 59TH WEST
 BRADENTON FL 34209**

Mailing Address

**P.O. BOX 14296
 BRADENTON FL 34280**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required *

6. Name and Address of Current Registered Agent

**CONETTA, TAMI F
 CONLEY & DORMAN CHARTERED
 2401 MANATEE AVENUE W.
 BRADENTON FL 34205**

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 **P** ☐ Delete
 NAME **WAGNER, BARBARA R**
 STREET ADDRESS **2227 59TH ST. WEST**
 CITY-ST-ZIP **BRADENTON FL 34209**

TITLE **S** ☐ Delete
 NAME **SAMMOUR, ADNAN K**
 STREET ADDRESS **2227 59TH ST. WEST**
 CITY-ST-ZIP **BRADENTON FL 34209**

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
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 CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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] SIGNATURE REQUIRED

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

4/4/02

941-795-5922

Date

Daytime Phone #

CR2E083 (9/01)