

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010826

1. Entity Name
MEDWORKS, LLC

FILED

01 FEB 13 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2834 PENRIDGE DRIVE
PALM HARBOR FL 34684

Mailing Address
2834 PENRIDGE DRIVE
PALM HARBOR FL 34684

2. Principal Place of Business
8601 4th St N.
Suite, Apt. #, etc.
305D

3. Mailing Address
8601 4th St N.
Suite, Apt. #, etc.
Suite 305D

DO NOT WRITE IN THIS SPACE

City & State
St. Petersburg
Zip
33702
Country
USA

City & State
St. Petersburg FL
Zip
33702
Country
USA

4. FEI Number
59-3673037

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KNOWLES, GINA
2834 PENRIDGE DRIVE
PALM HARBOR FL 34684

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 Regina Knowles Regina D Knowles

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/15/01
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President/CEO
Regina Knowles
2834 Penridge Drive
Palm Harbor, FL 34684 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800003718868-9
-02/19/01--01117--029

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
*****50.00 *****50.00

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: Regina D Knowles Regina D Knowles

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

Date

1/15/01 727-576-975
727-786-8176
Daytime Phone #

0022898 AF

CR2E083 (11/00)