

2001 UNIFORM BUSINESS REPORT (UBR)

0029611 AF

DOCUMENT # L00000012077

1. Entity Name
JULIO SANGUILY, JR., M.D., P.L.

FILED
01 MAY -3 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 506 SOUTH FEDERAL HIGHWAY SUITE 101 STUART FL 34994	Mailing Address 506 SOUTH FEDERAL HIGHWAY SUITE 101 STUART FL 34994
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	4. FEI Number 65-1047350	Applied For Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent FOX, M. LANNING 1100 SOUTH FEDERAL HIGHWAY STUART FL 34994	7. Name and Address of New Registered Agent Name: Mark Brechbill, CPA Street Address (P.O. Box Number is Not Acceptable): 506 S. Federal Hwy. - Suite 202 City: Stuart FL Zip Code: 34994
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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: Mark Brechbill (NOTE: Registered Agent signature required when reinstating) DATE: _____

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

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: Julio SangUILY, JR. DATE: 4/14/01

CR2E083 (11/00)