

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2003 8:00 am**  
**Secretary of State**

03-04-2003 90156 046 \*\*\*\*50.00

**DOCUMENT # L00000012077**

1. Entity Name

**JULIO SANGUILY, JR., M.D., P.L.**



Principal Place of Business

**508 SOUTH FEDERAL HIGHWAY SUITE 101  
STUART FL 34994**

Mailing Address

**508 SOUTH FEDERAL HIGHWAY SUITE 101  
STUART FL 34994**

2. Principal Place of Business

**509 Riverside Drive**

3. Mailing Address

**509 Riverside Drive**

Suite, Apt. #, etc.

**# 305**

Suite, Apt. #, etc.

**# 305**

City & State

**Stuart, FL**

City & State

**Stuart, FL**

Zip

**34994**

Country

Zip

**34994**

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**65-1047350**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BRECHBILL, MARK CPA**

**508 S. FEDERAL HWY., #202  
STUART FL 34994**

7. Name and Address of New Registered Agent

Name

**Dr. Julio Sanguilys III**

Street Address (P.O. Box Number is Not Acceptable)

**509 Riverside Dr. #305**

City

**Stuart**

**FL**

Zip Code

**34994**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SANGUILY, JULIO III 508 S FEDERAL HWY., STE 101 STUART FL 34994</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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>509 Riverside Dr. #305 Stuart, FL 34994</b>	<input checked="" 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
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 of Julio Sanguilys III*

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

**4/28/03**

Date

Daytime Phone #

CR2E083 (10/02)