

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90084 034 ****50.00

DOCUMENT # L00000012309

1. Entity Name

WEST CENTRAL PODIATRY CONSULTANTS, P.L.



Principal Place of Business

**10875 PARK BLVD.
SUITE C
SEMINOLE FL 33772**

Mailing Address

**10875 PARK BLVD.
SUITE C
SEMINOLE FL 33772**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3678618**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HAMEROFF, DANIEL M
ONE BEACH DRIVE SOUTHEAST # 2109
ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name

Daniel M. Hameroff

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

10875 Park Blvd. Suite C

City

Seminole

FL

Zip Code

33772

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

Daniel M. Hameroff

CO-MGR

2/11/03

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 **MGR** ☒ Delete
NAME **HAMEROFF, DANIEL M**
STREET ADDRESS **ONE BEACH DRIVE #1209**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **CO-MGR** ☐ Change ☒ Addition
NAME **Hameroff, Brian Daniel M.**
STREET ADDRESS **10875 Park Blvd. Suite C**
CITY-ST-ZIP **Seminole, FL 33772**

TITLE **CO-MGR** ☐ Change ☒ Addition
NAME **Hameroff, Brian K.**
STREET ADDRESS **10875 Park Blvd. Suite C**
CITY-ST-ZIP **Seminole, FL 33772**

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

TITLE ☐ Change ☐ Addition
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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:

Daniel M. Hameroff

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

Date

Daytime Phone #

2/11/03 (727) 398-6650

CR2E083 (10/02)