

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012398

1. Entity Name

MICRO-MED OF CENTRAL GEORGIA ANCILLARY SERVICES

FILED

01 SEP 10 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4269 INTERSTATE PARKWAY
MACON GA 31210

Mailing Address

4269 INTERSTATE PARKWAY
MACON GA 31210

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

58-2600886

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHEU, FRANCIS M
5169 WEST 12TH STREET
JACKSONVILLE FL 32254

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 September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete

NAME Frank Scheu

STREET ADDRESS 5169 W 12th Street

CITY-ST-ZIP JACK FL 32254

TITLE NAME ☐ Delete

NAME Charles Hendrix

STREET ADDRESS 5169 W 12th Street

CITY-ST-ZIP JACK FL 32254

TITLE NAME ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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STREET ADDRESS

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ 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 REQUIRED

Date

Daytime Phone #

8/20/01

904 693-3254

START HERE

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