

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 am
Secretary of State

04-25-2002 90005 008 ****50.00

DOCUMENT # L00000013216

1. Entity Name

PROFESSIONAL BILLING ASSOCIATES OF WEST FLORIDA, LLC

Principal Place of Business

12555 SPRING HILL DRIVE
 SPRINGHILL FL 34609

Mailing Address

12555 SPRING HILL DRIVE
 SPRINGHILL FL 34609

2. Principal Place of Business

3. Mailing Address

122 LINSLEY AVENUE

Suite, Apt. #, etc.

SUITE C

City & State

BRANDON FL

Zip

33511

Country

USA

4. FEI Number

59-3493596

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WYLIE, WARREN W III
 12555 SPRING HILL DRIVE
 SPRINGHILL FL 34609

7. Name and Address of New Registered Agent

Name: WARREN WYLIE III

Street Address (P.O. Box Number is Not Acceptable)
 755 W. BRANDON BLVD.

City: BRANDON

FL

Zip Code: 33511

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: WARREN WYLIE III

EXECUTIVE DIRECTOR

4/18/02

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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE: P
 NAME: NANNI, M. DOUGLAS DR.
 STREET ADDRESS: 12555 SPRING HILL DRIVE
 CITY-ST-ZIP: SPRINGHILL FL 34609

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10. ADDITIONS/CHANGES

TITLE: P
 NAME: NANNI, M. DOUGLAS
 STREET ADDRESS: 122 LINSLEY AVE, SUITE C
 CITY-ST-ZIP: BRANDON, FL 33511

☒ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
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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]*

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

1/12/02 813-657-4914

Date

Daytime Phone #

CR2E083 (9/01)

0041242