

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L00000013453**

1. Entity Name

REVOLUTION HEALTHCARE CONSULTANTS, LLC**FILED**
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90120 016 ****50.00

Principal Place of Business

Mailing Address

**1146 HAGEN DRIVE
NEW PORT RICHEY FL 34655****1146 HAGEN DRIVE
NEW PORT RICHEY FL 34655**

2. Principal Place of Business

3. Mailing Address

2707 FOREST RD**2707 FOREST RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SPRING HILL, FLORIDA

City & State

SPRING HILL, FLORIDA

Zip

34606

Country

USA

Zip

34606

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3684518**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KEELING, JOHN
1146 HAGEN DRIVE
NEW PORT RICHEY FL 34655**

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. 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 Department of State
Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	P			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	MARKOS, ANTHEM									
	3992 JENITA DR.									
	PALM HARBOR FL									
	V			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	KRELING, JOHN					KEELING, JOHN				
	1146 HAGEN DR.					1146 HAGEN DR				
	NEW PORT RICHEY FL									
	S			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	BUSH, JEFFREY A.									
	208 RUE DES LACS									
	TARPON SPRINGS FL									
	T			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	PANAGOS, CHRIS									
	4897 RIDGEMOSE CIRCLE									
	PALM HARBOR FL									
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

CR2E083 (4/02)

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

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

Date

Daytime Phone #

7/11/02 352-684-1234