

# 2001 UNIFORM BUSINESS REPORT (UBR)

0014548 AF

<b>DOCUMENT #</b>	<b>L00000013505</b>
<b>1. Entity Name</b>	
<b>FIRST MEDICAL LEASING LLC</b>	


<b>Principal Place of Business</b>	<b>Mailing Address</b>
<b>4201 N. OCEAN BLVD., C1402 BOCA RATON FL 33431</b>	<b>4201 N. OCEAN BLVD., C1402 BOCA RATON FL 33431</b>

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b>		<b>City &amp; State</b>	
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>

**FILED**

**01 AUG 10 PM 12:17**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



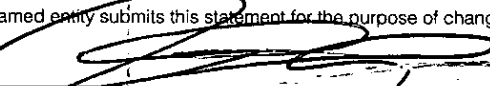
DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b>	<b>65-1052479</b>	<b>Applied For</b>
		<b>Not Applicable</b>
<b>5. Certificate of Status Desired</b>		<input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>	
<b>ROCKLIN, SHELDON 4201 N. OCEAN BLVD., C1402 BOCA RATON FL 33431</b>	

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
<b>FL</b>	

**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**  **5/14/2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

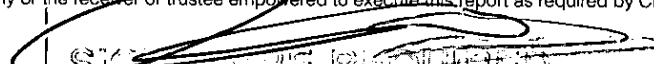
DATE

<b>FILE NOW!!! FEE IS \$50.00</b>	<b>700004534617--1</b>
<b>Make Check Payable to Department of State</b>	<b>-08/14/01--01092--006</b>
	<b>*****50.00 *****50.00</b>

<b>9. MANAGING MEMBERS/MEMBERS</b>	
<b>TITLE</b>	<b>MEMBER</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>SHELDON ROCKLIN</b>
<b>STREET ADDRESS</b>	<b>4201 N. OCEAN BLVD., C 1402</b>
<b>CITY-ST-ZIP</b>	<b>BOCA RATON, FL 33431</b>
<b>TITLE</b>	<b>MEMBER</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>ARSEN SOHIGIAN</b>
<b>STREET ADDRESS</b>	<b>4201 N. OCEAN BLVD. C1402</b>
<b>CITY-ST-ZIP</b>	<b>BOCA RATON, FL 33431</b>
<b>TITLE</b>	<b>MEMBER</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>TINA VALDEZ</b>
<b>STREET ADDRESS</b>	<b>4201 N. OCEAN BLVD., C 1402</b>
<b>CITY-ST-ZIP</b>	<b>BOCA RATON, FL 33431</b>
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>10. ADDITIONS/CHANGES</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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

CR2E083 (11/00)