

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 01, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # L00000014804****1. Entity Name**  
MEDICAL WEEK, L.L.C.

<b>Principal Place of Business</b> 1443 20TH ST.  VERO BEACH FL 32960	<b>Mailing Address</b> 1443 20TH ST.  VERO BEACH FL 32960
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**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number**  
**65-1056290**

Applied For
Not Applicable

Zip	Country	Zip	Country
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**5. Certificate of Status Desired**      ☐ **\$5.00 Additional Fee Required****6. Name and Address of Current Registered Agent**NICHOLS L. WESLEY  
11380 PROSPERITY FARMS RD., SUITE 204PALM BEACH GARDENS FL  
33410 US**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** \_\_\_\_\_ **09/01/2001**  
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****9. MANAGING MEMBERS / MEMBERS**

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	MGRM MILTON AND TATIANA BENJAMIN, HELD IN TENAN
STREET ADDRESS	1240 OLDE DOUBLOON DR.
CITY-ST-ZIP	VERO BEACH FL 32963

TITLE	<input type="checkbox"/> Delete
NAME	MGRM D ANTHONY MMD
STREET ADDRESS	14 ST. LAWRENCE CIR.
CITY-ST-ZIP	MADISON WI 53717

TITLE	<input type="checkbox"/> Delete
NAME	MGRM FERGUSON RONALD MD
STREET ADDRESS	363 MEANS HALL, 1654 UPHAM DR.
CITY-ST-ZIP	COLUMBUS OH 43210

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**10. ADDITIONS / CHANGES**

TITLE	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHONFELD REESE
STREET ADDRESS	630 FIFTH AVENUE SUITE 3163
CITY-ST-ZIP	NEW YORK NY 10111

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'ALESSANDRO ANTHONY MMD
STREET ADDRESS	14 ST. LAWRENCE CIR.
CITY-ST-ZIP	MADISON WI 53717

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: RONALD FERGUSON**      **MGRM 09/01/2001**

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

Date

Daytime Phone #

CR2E083 (11/00)