

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS-REPORT (UBR)**

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

04-25-2002 90011 021 ***50.00

DOCUMENT # L00000015234

1. Entity Name

Raymond D. Hautanaki M.D., LLC.

DO NOT WRITE IN THIS SPACE

945730

2. Principal Place of Business

1895 Floyd Street

3. Mailing Address

1418 Ladue Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

65-1077260

Applied For

Not Applicable

Zip

34239

Country

Zip

34231

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Raymond D. Hautanaki

Street Address (P.O. Box Number is Not Acceptable)

1418 Ladue Lane

City

Sarasota

FL

Zip Code

34231

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IN THIS SPACE**

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.

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME

P. Raymond D. Hautanaki
4485 Oakview Drive
Sarasota, FL 34242

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

1418 Ladue Lane
Sarasota, FL 34231

STREET ADDRESS
CITY-ST-ZIP

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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:

Raymond D. Hautanaki 4/12/02 941-927-5353

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

CR2002B (12/01)