

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000015408

FILED
Apr 23, 2002 8:00 AM
Secretary of State

Entity Name: JOSHUA B. HELMAN, M.D., P.L.L.C.

Current Principal Place of Business:

225 S. TROPICAL TRAIL, NO. 305
MERRITT ISLAND, FL 32952

New Principal Place of Business:

708 BROADOAK LOOP
LAKE FOREST, FL 32771

Current Mailing Address:

225 S. TROPICAL TRAIL, NO. 305
MERRITT ISLAND, FL 32952

New Mailing Address:

708 BROAKOAK LOOP
LAKE FOREST, FL 32771

FEI Number: 59-3686436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARKEY & FOWLER, P.A.
410 W. MERRITT AVE.
MERRITT ISLAND, FL 32953

Name and Address of New Registered Agent:

MARKEY & FOWLER, P.A.
25 MCLEOD STREET
MERRITT ISLAND, FL 32953

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: JOSHUA B HELMAN MD

04/23/2002

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: HELMAN, JOSHUA B M.D.
Address: 225 S. TROPICAL TRAIL, NO. 305
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HELMAN, JOSHUA B M.D.
Address: 708 BROADOAK LOOP
City-St-Zip: LAKE FOREST, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOSHUA B HELMAN MD

MGR

04/23/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date