

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015930

1. Entity Name

MAXXIM MEDICAL, LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

10300 49th St. North

3. Mailing Address

10300 49th St. North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33762

Country

Zip

33762

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 MAY 11 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

PAULEE C. DAY

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

10300 49th Street North

City

Clearwater

FL

Zip Code

33762

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.

(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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT
AKBAR NADERI
10300 49th St. N.
Clearwater, FL 33762

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TREASURER, CFO
MARK SELLERS
10300 49th St. N.
Clearwater, FL 33762

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SECRETARY
PAULEE DAY
10300 49th St. N.
Clearwater, FL 33762

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

700004376957--2
-06/08/01--01014--016
*****55.00 *****55.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Paulee C. Day

4/25/01 727 5612100

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

Date

Daytime Phone #