

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000016061

1. Entity Name

JOHN G. SHEDD, M.D., FACEP, PLC

FILED

01 APR 10 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

4525 NW 82nd Court

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

4. FEI Number

59-3688034

Applied For

Not Applicable

Zip

34482

Country

USA

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Michael Pyle, Attorney
1265 W Granada Blvd
Ormond Beach, FL
32174

7. Name and Address of New Registered Agent

Name: John G. Shedd
Street Address (P.O. Box Number is Not Acceptable): 4525 NW 82nd Court
City: Ocala FL Zip Code: 34482

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: John G. Shedd MD FACEP, PLC *John G. Shedd* 3/8/01
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: *Member*
NAME: John G. Shedd
STREET ADDRESS: 4525 NW 82nd Court
CITY-ST-ZIP: Ocala, FL 34482 Delete

10. ADDITIONS/CHANGES

TITLE: Change Addition
NAME: **300004036883--6**
STREET ADDRESS: **-04/20/01--01127--039**
CITY-ST-ZIP: *******50.00 *****50.00**

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change 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)(l), 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: *John G. Shedd* 3/8/01 352-369-5909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)