

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90981 002 \*\*\*\*55.00

**DOCUMENT # L01000000743**

1. Entity Name

**CENTER PROPERTIES-LAKE ST. CHARLES MEDICAL CENTE  
R, LLC**

Principal Place of Business

**27001 US 19 NORTH, STE. 2095  
CLEARWATER FL 33761-3490**

Mailing Address

**27001 US 19 NORTH, STE. 2095  
CLEARWATER FL 33761-3490**

86150

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3698171**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**O'LEARY, D. MICHAEL  
101 E. KENNEDY BLVD., STE. 2700  
TAMPA FL 33602**

Name **LOREN M POLLACK**

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

**27001 US HWY 19 N, SUITE 2095**

City **CLEARWATER**

**FL**

Zip Code  
**33761**

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

*Loren M Pollack*  
Signature, typed or printed name of registered agent and title if applicable.

*LOREN M POLLACK*  
(NOTE: Registered Agent signature required when reinstating)

**3/14/02**  
DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete  
NAME **MANAGING MEMBER**  
STREET ADDRESS **CENTER PROPERTY OF TAMPA BAY INC**  
CITY-ST-ZIP **27001 US HWY 19 N, SUITE 2095  
CLEARWATER, FL 33761**

TITLE ☐ Delete  
NAME **MEMBER**  
STREET ADDRESS **RANDY & SUSAN KAHN**  
CITY-ST-ZIP **27001 US HWY 19N, SUITE 2095  
CLEARWATER, FL 33761**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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)(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:

*Loren M Pollack*  
**LOREN M POLLACK**

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

**3/13/02**

**727 296-1077**

Date

Daytime Phone #

CR2E083 (9/01)