

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000002196

1. Entity Name

REALMED REALTY, LLC

7/17
FILED
Sep 04, 2002 8:00 am
Secretary of State

07-17-2002 90138 005 ****50.00

Principal Place of Business

Mailing Address

1001 PONCE DE LEON BLVD.
ST. AUGUSTINE FL

1001 PONCE DE LEON BLVD.
ST. AUGUSTINE FL

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

06-1631471

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

MEDEIROS, ROBERT E.
1001 PONCE DE LEON BLVD.
ST. AUGUSTINE FL

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

John H. Medeiros

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME	Manager	<input type="checkbox"/> Delete
STREET ADDRESS	Frank Realejo	
CITY-ST-ZIP	1001 Ponce De Leon Blvd St. Augustine, FL	
TITLE NAME	Member	<input type="checkbox"/> Delete
STREET ADDRESS	Frank Realejo	
CITY-ST-ZIP	1001 Ponce De Leon Blvd St. Augustine, FL	
TITLE NAME	Member	<input type="checkbox"/> Delete
STREET ADDRESS	Maria G. Realejo	
CITY-ST-ZIP	1001 Ponce De Leon Blvd St. Augustine, FL	
TITLE NAME	Member	<input type="checkbox"/> Delete
STREET ADDRESS	Robert E. Medeiros	
CITY-ST-ZIP	1001 Ponce De Leon Blvd St. Augustine, FL	
TITLE NAME	Member	<input type="checkbox"/> Delete
STREET ADDRESS	Marie I. Medeiros	
CITY-ST-ZIP	1001 Ponce De Leon Blvd St. Augustine, FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: X *John H. Medeiros* **SIGNATURE REQUIRED**

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

Date

Daytime Phone #

CR2E083 (4/02)