## 2002 UNIFORM BUSINESS REPORT (UBR)

4/9/

DOCUMENT # L01000004171

**1.** Entity Name

IDEAL MEDICAL LEASING LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 2940 N.E. 188TH STREET. #111<br>AVENTURA FL 33180 | 2940 N.E. 188TH STREET. #111<br>AVENTURA FL 33180 |

28399

DO NOT WRITE IN THIS SPACE

| **2.** Principal Place of Business | **3.** Mailing Address | |
|---|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| City & State | City & State | **4.** FEI Number 79-____  ☐ Applied For  ☐ Not Applicable |
| Zip | Country | Zip | Country | **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 |
|---|---|
| COHN, ALAN B ESQ.<br>ABRAMS ANTON P.A.<br>2021 TYLER STREET<br>HOLLYWOOD FL 33020 | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>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.

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
Due By May 1, 2002

| **9.** | MANAGING MEMBERS / MANAGERS | | **10.** | ADDITIONS / CHANGES | | |
|---|---|---|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>JMLS FAMILY LTD.<br>1112 WESTON ROAD, #226<br>WESTON FL 33326 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change | ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>SP FAMILY LTD.<br>2940 N.E. 188TH STREET, #111<br>AVENTURA FL 33180 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change | ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change | ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change | ☐ Addition |
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CR2E083 (9/01)

**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: _____   3/24/02   305-931-1612

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #