

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L01000005734**

1. Entity Name

**KELMAR MEDICAL, L.L.C.**

Principal Place of Business

5291 GOSHAWK DR.  
MILTON FL 32570

Mailing Address

5291 GOSHAWK DR.  
MILTON FL 32570

2. Principal Place of Business

**SAME**

Suite, Apt. #, etc.

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

8. Name and Address of Current Registered Agent

**DEMMI, MARK**  
5291 GOSHAWK DR.  
MILTON FL 32570

4. FEI Number

**59-3715162**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of New Registered Agent

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.

SIGNATURE

*Mark S. Demmi*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-3-02**

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**President**  
**Mark S. Demmi**  
**5291 Goshawk Dr.**  
**MILTON, FL 32570**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**Vice President**  
**Kelly Demmi**  
**5291 Goshawk Dr.**  
**MILTON, FL 32570**

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

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

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

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:

*Mark S. Demmi*

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

**4-3-02**

DATE

**850-981-1605**

Daytime Phone #

CR2E083 (9/01)

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

04-16-2002 90076 045 \*\*\*\*50.00



DO NOT WRITE IN THIS SPACE