

2002 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Feb 25, 2002 8:00 am
Secretary of State

01-16-2002 90255 038 ****50.00

DOCUMENT # L01000007521

1. Entity Name

ASSOCIAMED, LLC

Principal Place of Business

740 S RIDGEWOOD AVE
ORMOND BEACH FL 32174

Mailing Address

740 S RIDGEWOOD AVE
ORMOND BEACH FL 32174

14096

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

52-232 1902

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARMAN, MICHAEL P
740 S RIDGEWOOD AVE
ORMOND BEACH FL 32174

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

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 NAME
STREET ADDRESS
CITY-ST-ZIP
Dr Jonathan Winehouse, MD
Box 35505
London NW4 1FG England

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
→ Managing Member

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Street address is:

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
7 York House
5 Regency Crescent
Hendon
London NW4 1NW
England

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
London NW4 1NW
England

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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:

Signature of Michael P. Arman

1-10-02

386 672 0200

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

Date

Daytime Phone #

CR2E083 (9/01)