2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Mailing Address

740 S RIDGEWOOD AVE

ORMOND BEACH FL 32174

DOCUMENT # L0100007521

1. Entity Name

ASSOCIAMED, LLC

Principal Place of Business

740 S RIDGEWOOD AVE

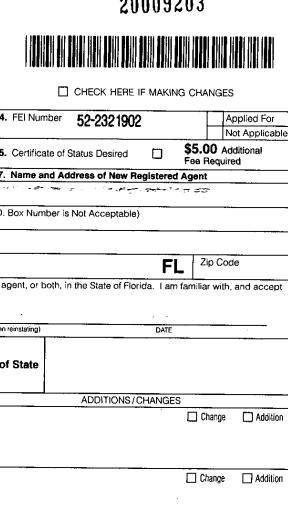
ORMOND BEACH FL 32174



FILED Jan 16, 2003 8:00 am Secretary of State

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2. Principal	Place of Business	3	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Num	4. FEI Number 52-2321902			Applied For	
Zip Country			Zip	Country		5. Certifica	5. Certificate of Status Desired \$5.			Not Applicable 5.00 Additional	
	6. Name and Addre	ess of Current Reg	istered Agent	1		7. Name and Address of New Registered Agent					
					- Name		سپارتنی سازد در در در معید				1
740	MAN, MICHAEL P S RIDGEWOOD AVE MOND BEACH FL 321	74			Street Address (P.O. Box Number is Not Acceptable)						
					City			FL	Zip Co	ode	
8. The above the obligat	named entity submits the tions of registered agent	nis statement for the	purpose of changing	g its registere	d office or regis	tered agent, or b	oth, in the State of Flo	rida. I am	familiar with	, and accept	
SIGNATURE .	·										
Signature, typed or printed name of registered agent a			d title if applicable. (NOTE: Registered Agent signature required			ired when reinstating)		DATE		· · ·	ľ
			Make Check Pay								
9.	MANA	AGING MEMBERS/	MANAGERS	10.			ADDITIONS/	CHANGES	1		ì
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNATHAN, WINE BOX 35505 LONDON, ENGLANI		☐ Delete		T ADDRESS ST-ZIP				☐ Change	Addition	CR2E083 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		T ADDRESS ST-ZIP				☐ Change	☐ Addition	CRZE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- -	☐ Delete		T ADDRESS ST-ZIP	The same and the s	The second section of the section of th		Change	☐ Addition	ت
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE CITY-S	TADDRESS ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby ce	ertify that the information	supplied with this f	☐ Delete	CITY-S		Section 119 07(3)	(i) Florida Statutos 15	urther cost	☐ Change	Addition	

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:

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE