

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90009 036 ****50.00

DOCUMENT # L01000008024

1. Entity Name
MEDICAL INJURY ASSOCIATES, LLC

Principal Place of Business
C/O ROBERT G. CLEMENTS, ESQ.
37 N ORANGE AVE SUITE 500
ORLANDO FL 32801

Mailing Address
C/O ROBERT G. CLEMENTS, ESQ.
37 N ORANGE AVE SUITE 500
ORLANDO FL 32801

2. Principal Place of Business

101 East Kennedy Blvd., Suite 1265
 Suite, Apt. #, etc.
Suite 1265

City & State
Tampa, Florida

Zip
33602

Country
USA

3. Mailing Address

101 East Kennedy Blvd.
 Suite, Apt. #, etc.
Suite 1265

City & State
Tampa, Florida

Zip
33602

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

X

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CLEMENTS, ROBERT G
37 N ORANGE AVE
SUITE 500
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name **GARY M SMITH**
 Street Address (P.O. Box Number is Not Acceptable)
101 East Kennedy Blvd.
Suite 1265
 City **Tampa** **FL** Zip Code **33602**

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 **GARY M SMITH**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/18/01**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MANAGER** **GARY M SMITH** ☐ Delete
 NAME **GARY M SMITH**
 STREET ADDRESS **101 EAST KENNEDY BLVD., SUITE 1265**
 CITY-ST-ZIP **TAMPA, FLORIDA 33602**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 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: **GARY M SMITH**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date **1/18/01**

Daytime Phone # **8132099789**

CR2E083 (9/01)