

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90100 039 \*\*\*\*50.00

**DOCUMENT # L01000008024**

1. Entity Name

**MEDICAL INJURY ASSOCIATES, LLC**



Principal Place of Business

101 E. KENNEDY BLVD.  
STE 1265  
TAMPA FL 33602

Mailing Address

101 E. KENNEDY BLVD.  
STE 1265  
TAMPA FL 33602

**44001820**



☒ CHECK HERE IF MAKING CHANGES

2. <b>Suite 103</b> <b>1936 W. Dr. M. L. King Blvd.</b> <b>Tampa, FL 33607</b>	3. <b>Suite 103</b> <b>1936 W. Dr. M. L. King Blvd.</b> <b>Tampa, FL 33607</b>
Zip <b>33607</b> Country <b>Hillsborough</b>	Zip <b>33607</b> Country <b>Hillsborough</b>

4. FEI Number <b>01-0595312</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SMITH, GARY**  
**101 E. KENNEDY BLVD**  
**STE. 1265**  
**TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)  
**1936 W DR ML KING BLVD**  
**#103**

City **TAMPA** FL Zip Code **33607**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

## 9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>SMITH, GARY</b> <b>101 E. KENNEDY BLVD, STE. 1265</b> <b>TAMPA FL 33602</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GARY SMITH</b> <b>2025 N. POINTE ALEXIS DRIVE</b> <b>TARPON SPRINGS, FL 34689</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

**4/23/03**

**813 471 5350**

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

Date

Daytime Phone #

CR2E083 (10/02)