

**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. Suite 103
1936 W. Dr. M. L. King Blvd.
Tampa, FL 33607

3. Suite 103
1936 W. Dr. M. L. King Blvd
Tampa, FL 33607

4. FEI Number **01-059-5312** Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

Zip **33607** Country **Hillsborough** Zip **33607** Country **Hillsborough**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/23/03**

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	MGR SMITH, GARY 101 E. KENNEDY BLVD, STE. 1265 TAMPA FL 33602	<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	GARY SMITH 2025 N. POINTE ALEXIS DRIVE TARPON SPRINGS, FL 34689	<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)(f), 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

DATE **4/23/03**

DAYTIME PHONE # **813 471 5350**

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

Date

Daytime Phone #

CR2E083 (10/02)