

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90039 016 ****50.00

DOCUMENT # L01000009841

1. Entity Name

MEDICAL RESEARCH INSTITUTE, L.L.C.

Principal Place of Business

**2727 WEST DR. MARTIN LUTHER KING BLVD., SUITE 460
TAMPA FL 33607**

Mailing Address

**15511 NORTH FLORIDA AVENUE, SUITE D
TAMPA FL 33613**

2. Principal Place of Business

3. Mailing Address

**2727 W. DR. MLKING BLV.
Suite, Apt. #, etc.
Suite 460**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

Country

Zip

Country

33607

USA

4. FEI Number

65-1113699

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALAGONA, PETER 15511 NORTH FLORIDA AVENUE, SUITE D TAMPA FL 33613	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR IEZZI, ALAN J 15511 NORTH FLORIDA AVENUE, SUITE D TAMPA FL 33613	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COTO, HUMBERTO 15511 NORTH FLORIDA AVENUE, SUITE D TAMPA FL 33613	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DRIMMER, AMI 15511 NORTH FLORIDA AVENUE, SUITE D TAMPA FL 33613	<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	2727 W. m. L. King Blv. suite 460 Tampa, FL. 33607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2727 W. m. L. King Blv. suite 460 Tampa, FL. 33607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2727 W. m. L. King Blv. suite 460 Tampa, FL. 33607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2727 W. m. L. King Blv. suite 460 Tampa, FL. 33607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAPO, William 2727 W. m. L. King Blv. suite 460 Tampa, FL. 33607	<input type="checkbox"/> Change <input checked="" 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

ami drimmer, AMI - MGR AGING MEMBER. 02/15/02 (P13) P75-2042

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

Date

Daytime Phone #

CR2E083 (9/01)