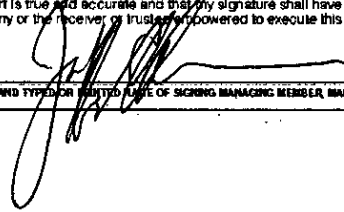


APPROVED
AND
FILED

03 MAR -5 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #L01000010877			
1. Entity Name JEFFREY C. HAMM, M.D., LLC			
Principal Place of Business 4340 CASPER COURT HOLLYWOOD, FL 33021		Mailing Address 4340 CASPER COURT HOLLYWOOD, FL 33021	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1138851		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		65.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BENNETT, KEITH CPA 8181 W. BROWARD BLVD. STE. 266 PLANTATION, FL 33324		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when re-registering)			
			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM HAMM, JEFFERY C M.D. 4340 CASPER CT HOLLYWOOD, FL 33021	☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	
10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ 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 606, Florida Statutes.			
SIGNATURE: 		2/18/03 954-985-0400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

CR2E083 (10/02)