2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000011275

1. Entity Name

ESPAILLAT MEDICAL SERVICES, L.C.



F1LED Feb 27, 2003 8:00 am Secretary of State 02-27-2003 90005 039 ****50.00 **FILED**

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP							TEST	:					
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Signature Sign					FL J.	~ · · ·		4 EEI Nun	phor MOT ABBL	104015		Applied For	
6. Certificate of Status Desired Security Address Per Propuler Per Propuler	33460			1 -					NUI APPL	CABLE		<u> </u>	
MUINA, MARGARITA P ESO. NEW WORLD TOWER, 21ST FLOOR 100 N. BISCAYNE BLYD. MMMI FL 33132-2306 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 SIGNATURE SIGNATURE SIGNATURE MARK Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS/CHANGES TITLE NAME SIRET ADDRESS 0017-51-2P MIAMI FL 33132 1012 Delde TITLE NAME SIRET ADDRESS 0017-51-2P TITLE NAME SIRET ADDRESS 0017-	Zip —	Country	Zìp)	Count	try		5. Certifica	ite of Status Desired				
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NEW WORLD TOWER, 21ST FLOOR 100 N. BISCAYNE BLVD. MAMN FL. 3132/2306 West Palm Beach 33401	MUII	NA MARGARITA P ESO				Name	Morna	Maro	arita P Roo	,			
100 N. BISCAYNE BLVD. MIAMI FL 33132-2306 West Palm Beach, 33401 City FL Zip Code 6. 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 wire, and accept the obligations of registered agent, and the control of registered agent, or both, in the State of Florida. I am familiar wire, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar wire, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar wire, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar wire, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar wire, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar wire, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar wire, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar wire, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar wire, and accept the obligations of Florida Department of State Due By May 1, 2003 9.			FLOOR				Street Address (P.O. Box Number is Not Acceptable)						
B. 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 State			. 25511		}	<u>700_1</u>	<u>v. 01</u>	ive Av	enue				
6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Change Change Addition	MIAN	MI FL 33132-2306				West	Palm	Beach	_		334	401	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE					Ī					FI			
SIGNATURE Signature yet or	8. The above	named entity submits this sta	atement for the pur	pose of changing its	s reaistere	d office or r	registere	d agent or h	onth in the State of Flo		-	and accent	
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9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE NAME CROPALLAT, ALEXANDER 10. N. MANAGERS 10. N.		Signature typed or printed hame of reg	istered agent and title if ag	plicable. (NO	TE: Registered	Agent signature	e required v	vhen reinstating)		DATE			
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE NAME SIRET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS CITY				FILE N	OW!!! F	EE IS \$5	0.00						
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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	11. I hereby co	ertify that the information sup-	plied with this filing	does not qualify for	r the ever	ntion etates	i in Sect	ion 119 07/2	Vi) Florida Statutas 14	urthor acet	tifu that the !	informe#==	

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

561-586-6564