FILED
Jul 02, 2002 8:00 am
Secretary of State
05-07-2002 90383 023 ****50.00

[redacted]

DO NOT WRITE IN THIS SPACE

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000011906

1. Entity Name

PHYSICIAN'S ADMINISTRATIVE SUPPORT SERVICES HOLD INGS, LLC

Principal Place of Business	Mailing Address
250 COUNTY ROAD 427 SUITE 112 LONGWOOD FL 32750	250 COUNTY ROAD 427 SUITE 112 LONGWOOD FL 32750

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 59-3733905 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

AVIDON, SHARON R
500 FAWN HILL PLACE
SANFORD FL 32771

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. MGRM MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Administrative Support 250 County Rd 427, Suite 112 Longwood, FL 32750 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/01)

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #