FILED
Jul 02, 2002 8:00 am
Secretary of State

05-07-2002 90383 023 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000011906

1. Entity Name

PHYSICIAN'S ADMINISTRATIVE SUPPORT SERVICES HOLDINGS, 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

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3732905 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AVIDON, SHARON R 500 FAWN HILL PLACE SANFORD FL 32771	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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
	Administrative Support ☐ Delete 250 County Rd 427, Suite 112 Longwood, FL 32750
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

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 #