

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 am
Secretary of State

04-25-2002 90007 018 ****50.00

DOCUMENT # L01000013367

1. Entity Name
SCRUBBS, LLC

Principal Place of Business

1405 S. ORANGE AVE.
 ORLANDO FL 32856-0127

Mailing Address

1405 S. ORANGE AVE.
 ORLANDO FL 32856-0127

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

Orlando, FL
 32856
 USA

4. FEI Number

59-3736434

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WINTERS, THOMAS F JR.
 1405 S. ORANGE AVE.
 ORLANDO FL 32856-0127

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: MGR
 NAME: Thomas F. Winters, Jr., M.D.
 STREET ADDRESS: 1405 S. Orange Ave.
 CITY-ST-ZIP: Orlando, FL 32806 ☐ Delete

TITLE: MGRM
 NAME: Lisa Bowers, M.D.
 STREET ADDRESS: 1405 S. Orange Ave.
 CITY-ST-ZIP: Orlando, FL 32806 ☐ Delete

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

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 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-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 608, Florida Statutes.

SIGNATURE:

Thomas F. Winters, Jr.

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

Date

Daytime Phone #

2-4-02

407-649-1097

CR2E083 (9/01)