

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

FILED
Jan 28, 2003 8:00 am
Secretary of State

01-28-2003 90047 010 ****50.00

DOCUMENT # L01000013955

1. Entity Name
HEALTH BOULEVARD, L.L.C.



Principal Place of Business: ~~9 RIVER RIDGE TRAIL ORMOND BEACH FL 32174~~
Mailing Address: ~~9 RIVER RIDGE TRAIL ORMOND BEACH FL 32174~~

60019041



2. Principal Place of Business: **505 Health Blvd**
Suite, Apt. #, etc.
3. Mailing Address: **505 HEALTH Blvd**
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State: **DAYTONA Beach, FL**
Zip: **32114** Country: **Volusia**
City & State: **DAYTONA Beach, FL**
Zip: **32114** Country: **Volusia**

4. FEI Number: **NOT APPLICABLE**
Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
GASSMAN, ALAN S ESQUIRE
1245 COURT STREET, SUITE 102
CLEARWATER FL 33756

7. Name and Address of New Registered Agent
Name: **MARGARET Di GAETANO**
Street Address (P.O. Box Number is Not Acceptable): **505 HEALTH Blvd.**
City: **DAYTONA BEACH** FL Zip Code: **32114**

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]* **MARGARET DiGaetano** DATE: **1-23-03**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

| | | |
|----------------|----------------------------------|---------------------------------|
| TITLE | MGR | <input type="checkbox"/> Delete |
| NAME | DIGAETANO, MARGARET M.D. | |
| STREET ADDRESS | 9 RIVER RIDGE TRAIL | |
| CITY-ST-ZIP | ORMOND BEACH FL 32174 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

10. ADDITIONS / CHANGES

| | | |
|----------------|--------------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 505 HEALTH Blvd. | |
| CITY-ST-ZIP | DAYTONA Beach, FL 32114 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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]* **MARGARET DiGaetano** DATE: **1-23-03** DAYTIME PHONE #: **(386) 255-5050**

CR2E083 (10/02)