

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90383 029 \*\*\*\*50.00

**DOCUMENT # L01000014009**

1. Entity Name  
**PASS AUDIT & COMPLIANCE, LLC**

|                                                                                                                 |                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>250 COUNTY ROAD 427<br/>         SUITE 112<br/>         LONGWOOD FL 32750</b> | Mailing Address<br><b>250 COUNTY ROAD 427<br/>         SUITE 112<br/>         LONGWOOD FL 32750</b> |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|

**89671**



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |                                                           |                                         |
|--------------------------------|---------|---------------------|---------|-----------------------------------------------------------|-----------------------------------------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number<br><b>59-3140017</b>                        | Applied For<br><input type="checkbox"/> |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | Not Applicable<br><input type="checkbox"/>                |                                         |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required   |
| Zip                            | Country | Zip                 | Country |                                                           |                                         |

|                                                                                                                             |  |                                                                                                                                  |  |
|-----------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br><b>AVIDON, SHARON R<br/>500 FAWN HILL PLACE<br/>SANFORD FL 32771</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                                                          | 10. ADDITIONS/CHANGES                          |                                                                   |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Physicians Admin Support</b> <input type="checkbox"/> Delete<br><b>250 County Rd 427</b><br><b>Longwood, FL 32750</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 # \_\_\_\_\_