

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000014010

FILED
Jun 23, 2003
Secretary of State

Entity Name: PASS ADMINISTRATION, LLC

Current Principal Place of Business:

250 COUNTY ROAD
SUITE 112
LONGWOOD, FL 32750

Current Mailing Address:

250 COUNTY ROAD
SUITE 112
LONGWOOD, FL 32750

New Principal Place of Business:

250 S. RONALD REGAN BLVD
SUITE 114
LONGWOOD, FL 32750 US

New Mailing Address:

PO BOX 521248
LONGWOOD, FL 32752 US

FEI Number: 59-3740015

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AVIDON, SHARON R
500 FAWN HILL PLACE
SANFORD, FL 32771

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: PHYSICIANS ADMIN SUP, PORT
Address: 250 COUNTY RD #112
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: AVIDON, SHARON R
Address: 250 S RONALD REAGAN BLVD. #114
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SHARON R. AVIDON

OWN

06/23/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date