

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

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90211 020 \*\*\*\*55.00

DOCUMENT # L01000014094

1. Entity Name

CHOICE MEDICAL MANAGEMENT SERVICES, LLC

**DO NOT WRITE IN THIS SPACE**

961179

2. Principal Place of Business

1408 N. WESTSHORE BLVD

3. Mailing Address

5951 CATTLEEDGE BLVD

Suite, Apt. #, etc.

700

Suite, Apt. #, etc.

200

City & State

TAMPA, FL

City & State

SARASOTA, FL

Zip

33607

Country

USA

Zip

34232

Country

USA

4. FEI Number

59-3742003

Applied For

Not Applicable

5. Certificate of Status Desired X

**\$5.00 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ANDREW W. OLWERT, III

Street Address (P.O. Box Number is Not Acceptable)

5951 CATTLEEDGE BLVD, #200

City

SARASOTA

FL

Zip Code

34232

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]  
Signature, typed or printed name of registered agent and title if applicable.

4/29/02  
DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<u>ANDREW W. OLWERT, III</u>	<u>5951 CATTLEEDGE BLVD, #200</u>	<u>SARASOTA, FL 34232</u>				

**DO NOT WRITE  
IN THIS SPACE**

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

4/29/02

Date

Daytime Phone #

(941) 378-7002

CR2E083B (12/01)