

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**  
 05-01-2002 91481 011 \*\*\*\*50.00

**DOCUMENT # L01000014744**

1. Entity Name

**OCALA INJURY ASSOCIATES, LLC**

Principal Place of Business

**5291 57TH AVENUE NORTH  
 ST PETERSBURG FL 33709**

Mailing Address

**5291 57TH AVENUE NORTH  
 ST PETERSBURG FL 33709**

2. Principal Place of Business

**101 E KENNEDY BLVD**

Suite, Apt. #, etc.

**1265**

City & State

**TAMPA FL**

Zip

**33602**

Country

**USA**

3. Mailing Address

**101 E KENNEDY BLVD**

Suite, Apt. #, etc.

**1265**

City & State

**TAMPA FL**

Zip

**33602**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CLEMENTS, ROBERT G**

**37 NORTH ORANGE AVE., STE. 500  
 ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name

**NANCY FARAGE, P.A.**

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

**707 N FRANKLIN ST, 4TH FLOOR**

City

**TAMPA**

FL

Zip Code

**33602**

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.

*[Signature]*

**NANCY FARAGE, P.A.**

(NOTE: Registered Agent signature required when reinstating)

**3/4/02**

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MANAGER** ☐ Delete  
 NAME **GARY SMITH**  
 STREET ADDRESS **101 E KENNEDY BLVD STE 1265**  
 CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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 REQUIRED SMITH MANAGER**

**3/4/02**

**8132099789**

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

Date

Daytime Phone #

CR2E083 (9/01)