

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2003 8:00 am
Secretary of State

04-28-2003 90100 038 ****50.00

DOCUMENT # L01000014744

1. Entity Name

OCALA INJURY ASSOCIATES, LLC



Principal Place of Business

**101 E. KENNEDY BLVD
1265
TAMPA FL 33602**

Mailing Address

**101 E. KENNEDY BLVD
1265
TAMPA FL 33602**

44001819

2. 1.

3. 1.



☒ CHECK HERE IF MAKING CHANGES

Suite 103
**1936 W. Dr. M. L. King Blvd
Tampa, FL 33607**

Suite 103
**1936 W. Dr. M. L. King Blvd
Tampa, FL 33607**

4. FEI Number

41-2694958

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

**FARAGE, NANCY PA
707 N. FRANKLIN ST. 4TH FLR
TAMPA FL 33602**

Name

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

City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME **GARY SMITH**
STREET ADDRESS **2025 N. POINTE ALEXIS DRIVE**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

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

TITLE ☐ Change ☐ Addition
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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

4/23/03

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

Date

Daytime Phone #

CR2E083 (10/02)