

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000015058

1. Entity Name

JACKSONVILLE CARDIOVASCULAR BUILDING AND LAND, L
LC

Principal Place of Business

3900 UNIVERSITY BLVD. SOUTH
JACKSONVILLE FL 32216

Mailing Address

PO BOX 551260
JACKSONVILLE FL 32255

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2769861

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00: Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHNEIDER, MICHAEL N
5150 BELFORT ROAD
BLDG. 100
JACKSONVILLE FL 32256

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
					Member	Lohrbauer, Leif	3900 University Blvd.S.	JACKSONVILLE, FL 32216		<input checked="" type="checkbox"/>
					Member	Cliff, Benjamin	3900-University Blvd.S.	JACKSONVILLE, FL 32216		<input checked="" type="checkbox"/>
					Member	Benson, Robert A.	3900 University Blvd.S.	JACKSONVILLE, FL 32216		<input checked="" type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

FILED
May 24, 2002 8:00 am
Secretary of State

04-30-2002 90013 020 ****50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)