

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # L01000015058**

1. Entity Name

**JACKSONVILLE CARDIOVASCULAR BUILDING AND LAND, L  
 LC**

Principal Place of Business

Mailing Address

3900 UNIVERSITY BLVD. SOUTH  
 JACKSONVILLE FL 32216

PO BOX 551260  
 JACKSONVILLE FL 32255

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2769861

Applied For

Not Applicable

Zip

Country

Zip

Country

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Member	
STREET ADDRESS		Lohrbauer, Leif	
CITY-ST-ZIP		3900 University Blvd.S.	
		JACKSONVILLE, FL 32216	
TITLE	<input type="checkbox"/> Delete	Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Oliff, Benjamin	
STREET ADDRESS		3900 University Blvd.S.	
CITY-ST-ZIP		JACKSONVILLE, FL 32216	
TITLE	<input type="checkbox"/> Delete	Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Benson, Robert A.	
STREET ADDRESS		3900 University Blvd.S.	
CITY-ST-ZIP		JACKSONVILLE, FL 32216	
TITLE	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Leif Lohrbauer* **3/15/02 (904) 7335277**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)