

2002 UNIFORM BUSINESS REPORT (UBR)

502255900881

DOCUMENT # L01000016198

1. Entity Name

JOHN YOUNG FAMILY MEDICAL CENTER, LLC

FILED

02 OCT 22 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5149 S. JOHN YOUNG PARKWAY
ORLANDO FL 32839

Mailing Address

5149 S. JOHN YOUNG PARKWAY
ORLANDO FL 32839

2. Principal Place of Business

5308 South John Young Pkwy

3. Mailing Address

Suite, Apt. #, etc.

City & State

Orlando

City & State

FL

4. FEI Number

010670885

Applied For

Not Applicable

Zip

32839

Country

U.S.A

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

FRANCIS, THOMAS E
215 NORTH EOLA DRIVE
ORLANDO FL 32801

7. Name and Address of New Registered Agent

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	RAZA ALI	5308 South John Young Pkwy	Orlando, FL 32839	<input type="checkbox"/> Delete
	HOWARD BLUNT	5308 South John Young Pkwy	Orlando, FL 32839	<input type="checkbox"/> Delete
	JASEEM KWAN	5308 South John Young Pkwy	Orlando, FL 32839	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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

9-4-02 (007) 240-9766

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

Date

Daytime Phone #

CR2E083 (4/02)