

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90253 034 ****55.00

DOCUMENT # *L01000016198*

1. Entity Name
John Young Family Medical Centre LLC

DO NOT WRITE IN THIS SPACE

24033111

2. Principal Place of Business
5308 South John Young Parkway

3. Mailing Address
Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
City & State

Zip
32839

Country

4. FEI Number
01-0670885

Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Ali, Raza

Street Address (P.O. Box Number is Not Acceptable)
5308 South John Young Parkway Ste 200

City
Orlando

FL Zip Code
32839

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

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Ali, Raza 5308 South John Young Parkway Orlando, FL - 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Blunt, Howard 5308 South John Young Parkway Orlando, FL - 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Khan, Jaseem 5308 South John Young Parkway Orlando, FL - 32839
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**DO NOT WRITE
IN THIS SPACE**

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: *X Raza Ali* *3/28/04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)