

05-08-2003 90079 023 \*\*\*\*50.00

FROM :

FAX NO. 4259408020

5/8

**LIMITED LIABILITY COMPANY  
 UNIFORM BUSINESS REPORT (UBR) (2003)**

**DOCUMENT #** L 01000016198  
 1. Entity Name  
**John Young Family Medical Centre LLC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**5308 SOUTH JOHN YOUNG PARKWAY**  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
**ORLANDO, FL**  
 Zip Country  
**32839**

**84004035**  
 DO NOT WRITE IN THIS SPACE  
 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 State Zip Code  
**ORLANDO FL 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 *[Signature]* DATE **6-4-03**  
 Signature, typed or printed name of registered agent and title if applicable.

FOR FILING ONLY  
 State Check Payable to Department of State  
 ONE BY MAIL

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ALI, RAZA 5308 SOUTH JOHN YOUNG PARKWAY, STE 200 ORLANDO FL 32839
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BLUNT, HOWARD 5308 SOUTH JOHN YOUNG PARKWAY, STE 200 ORLANDO FL 32839
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D KHAN, JASEEM 5308 SOUTH JOHN YOUNG PARKWAY, STE 200 ORLANDO FL 32839
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(c), 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 609, Florida Statutes.  
 SIGNATURE: *[Signature]* Date **5-13-03** (407) 240-9765  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

CR2E083B (2/02)