

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

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90107 021 ****50.00

DOCUMENT # L01000016279

1. Entity Name Westside Clinic, P.L.

DO NOT WRITE IN THIS SPACE

947080

2. Principal Place of Business
4124 Blanding Boulevard

3. Mailing Address
4124 Blanding Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Jacksonville, Florida

City & State
Jacksonville, Florida

4. FEI Number
59-3745583

Applied For
Not Applicable

Zip
32210

Country
Duval

Zip
32210

Country
Duval

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
Richard J. Flynn, M.D.

Street Address (P.O. Box Number is Not Acceptable)
4124 Blanding Boulevard

City
Jacksonville, FL Zip Code
32210

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

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
MGRM
David A Gouch
STREET ADDRESS
4124 Blanding Boulevard
CITY- ST- ZIP
Jacksonville, Florida 32210

TITLE
NAME
MGRM
Richard J. Flynn
STREET ADDRESS
4124 Blanding Boulevard
CITY- ST- ZIP
Jacksonville, Florida 32210

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CITY- ST- ZIP

**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 606, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

CR2E083B (12/01)