

**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
Suite, Apt. #, etc.

3. Mailing Address
4124 Blanding Boulevard
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 _____ 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	MGRM David A Gouch 4124 Blanding Boulevard Jacksonville, Florida 32210	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Richard J. Flynn 4124 Blanding Boulevard Jacksonville, Florida 32210	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *David Gouch* DAVID GOUCH 4-19-02 904-861-3627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #