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

## DOCUMENT # L01000016585

1. Entity Name

VENTURE MOU, LL	URE ASC, LLC	<b>VENTURE</b>
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**FILED** Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90234 013 \*\*\*\*50.00

Principal Plac	ce of Business	Mailing Address							
16853 NE 2ND AVE.  NORTH MIAMI BEACH FL 33162  16853 NE 2ND AVE.  NORTH MIAMI BEACH FL 33162			1 FL 33162		f (pm)	<b> </b>	<b>                 </b>	<b>8181 4</b> 111 1881	
Principal Place of Business     3. Mailing Address					_				
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES			
City & Stat	te	City & State		4. FEI Nun	FEI Number 65-1140121 Applied For				
Zip	Country	Zip	Count	гу	5. Certifica	ate of Status Desired	□ \$5.00 Ac		
	6. Name and Address of Ci	urrent Penistered Agent		<u> </u>	7 Name a	nd Address of New Reg	Fee Require	BO	
<del></del>	o. Marile and Address of Or			Name			ilatered Agent	,	
ISKANDARANI, MARWAN M.D. 16853 NE 2ND AVE				Street Address (P.O. Box Number is Not Acceptable)					
NOR	RTH MIAMI BEACH FL 33162		Ì		<del></del>	<del></del>			
				City			FL Zip Coo		
	e named entity submits this staten tions of registered agent.	nent for the purpose of chang	ing its registere	d office or regis	stered agent, or b	ooth, in the State of Floric	da. I am familiar with,	, and accept	
tile congai								1	
SIGNATURE	Signature, typed or printed name of registere			Agent signature regi	uired when reinstating)		DATE	<del></del>	
						I			
		1	E NOW!!! F	- , -		1	•		
		Make Check Pa	ayable to Flo Due By Ma	_	ment of State				
	MANAGINGA	MEMBERS/MANAGERS		, 1, 2000		ADDITIONS (O	IANOFO		
9.	<del>,</del>		10.			ADDITIONS/CI		- Addition	
TITLE NAME	MGRM ISKANDARANI, MARWAN	☐ Delete	TITLE NAME				☐ Change	☐ Addition	
STREET ADDRESS	16853 NE 2ND AVE.			T ADDRESS					
CITY-ST-ZIP	NORTH MIAMI BEACH FL	22162		ST-ZIP				į	
TITLE	MGRM	Delete	TITLE		<del>-</del>		☐ Change	Addition	
NAME	CARP, MARC	DOIGIC	NAME					<u></u>	
STREET ADDRESS	16853 NE 2ND AVE.		STREE	T ADDRESS				į	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	33162	CITY-	ST-ZIP				{	
TITLE -	MGRM	Delete	TITLE		. s.A. v		Change	Addition	
NAME	BLOOM, MIKE		NAME		~ ~ ~ ~ ~ ~ ~				
STREET ADDRESS	16853 NE 2ND AVE.		STREE	T ADDRESS				}	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	33162	CITY-	ST-ZiP					
TITLE	MGRM	☐ Delete	TITLE				Change	☐ Addition	
NAME	BASSAN, ISAAC		NAME					Ì	
STREET ADDRESS	16853 NE 2ND AVE.		1.	T ADDRESS	r				
CITY-ST-ZIP	NORTH MIAMI BEACH FL	33162	CITY-	ST-ZIP	<u>.</u>				
TITLE	MGRM	☐ Delete	TITLE				Change	☐ Addition	
NAME	GEDALLOVICH, MILTON		NAME	J					
STREET ADDRESS	16853 NE 2ND AVE.			T ADDRESS					
CITY-ST-ZIP	NORTH MIAMI BEACH FL 3			ST-ZIP					
TITLE	MGRM	☐ Delete					Change	Addition	
NAME	SOUAID, GORDON		NAME	,					
STREET ADDRESS	16853 NE 2ND AVE.			T ADDRESS					
CITY-ST-ZIP	NORTH MIAMI BEACH FL 3			ST-ZIP			· <del></del>		
11. I hereby o	certify that the information supplie	ed with this filing does not qua	lify for the exem	nption stated in	Section 119.07(3	3)(i), Florida Statutes. I fu	rther certify that the i	nformation	

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