

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90002 048 ****50.00

DOCUMENT # L01000018328

1. Entity Name

INDEPENDENCE MEDICAL, L.L.C.



Principal Place of Business

**4380 ST JOHNS PARKWAY
#110
SANFORD FL 32771
US**

Mailing Address

**4380 ST JOHNS PARKWAY
#110
SANFORD FL 32771
US**

2. Principal Place of Business

**4380 ST. JOHNS PARKWAY
Suite, Apt. #, etc.
#110**

3. Mailing Address

**4380 ST. JOHNS PARKWAY
Suite, Apt. #, etc.
#110**

City & State

SANFORD FL

City & State

SANFORD FL

Zip

32771

Country

USA

Zip

32771

Country

USA

6. Name and Address of Current Registered Agent

**CRAMER, CHARLES W
1411 EDGEWATER DRIVE, SUITE 100
ORLANDO FL 32804**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BOWEN, SCOTT
1411 EDGEWATER DRIVE, SUITE 100
ORLANDO FL 32804** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BOWEN, ERIC
1411 EDGEWATER DRIVE, SUITE 100
ORLANDO FL 32804** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BOWEN, SCOTT
4380 ST. JOHNS PARKWAY, #110
SANFORD FL 32771** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BOWEN, ERIC
4380 ST. JOHNS PARKWAY, #110
SANFORD FL 32771** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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: Scott L. Bowen

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

1-6-03 407-302-1222

Date

Daytime Phone #

CR2E083 (10/02)