

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90004 043 \*\*\*\*50.00

**DOCUMENT # L01000018716**

1. Entity Name

**OSPREY AVENUE MEDICAL CENTER, L.L.C.**

Principal Place of Business

**1425 OSPREY AVENUE, STE #1  
SARASOTA FL 34239**

Mailing Address

**1425 OSPREY AVENUE, STE #1  
SARASOTA FL 34239****14122**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-1148709**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRAND-STALL, LORI  
1425 OSPREY AVENUE, STE #1  
SARASOTA FL 34239**

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.

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 Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MANAGER<br/>LORI BRAND STALL<br/>1425 S. Osprey Ave Ste 1<br/>Sarasota, FL 34239</b> | <input type="checkbox"/> Delete |
|--|---|---------------------------------|

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
|--|--|---------------------------------|

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
|--|--|---------------------------------|

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
|--|--|---------------------------------|

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
|--|--|---------------------------------|

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
|--|--|---------------------------------|

10. ADDITIONS/CHANGES

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|--|---|

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|--|---|

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|--|---|

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|--|---|

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|--|---|

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**

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

Date

Daytime Phone #

CR2E083 (9/01)