

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000019546

1. Entity Name

LOS ALAMITOS MEDICAL EQUITY, LLC

Principal Place of Business

3801 PGA BLVD. SUITE 555  
PALM BEACH GARDENS FL 33410

Mailing Address

3801 PGA BLVD. SUITE 555  
PALM BEACH GARDENS FL 33410

**FILED**  
**Apr 04, 2002 8:00 am**  
**Secretary of State**

04-04-2002 90087 043 \*\*\*\*\*50.00



DO NOT WRITE IN THIS SPACE

3801 PGA Boulevard  
Suite 600  
Palm Beach Gardens, FL 33410

3801 PGA Boulevard  
Suite 600  
Palm Beach Gardens, FL 33410

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

REGSERV CORP.  
3801 PGA BLVD. SUITE 555  
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

REGSERV CORP.  
3801 PGA Boulevard  
Suite 600  
Palm Beach Gardens, FL 33410

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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
Bruce A. Rendina MGMR  
3801 PGA Boulevard, Suite 600  
Palm Beach Gardens, FL 33410

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

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

Bruce A. Rendina 2/27/02

Managing Member

561-630-5055

CR2E083 (9/01)