

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90209 028 ****50.00

DOCUMENT # L01000020217

1. Entity Name

SIRIUS HOLDINGS, LLC

DO NOT WRITE IN THIS SPACE

961072

2. Principal Place of Business
7284 Palmetto Park Rd.

3. Mailing Address

Suite, Apt. #, etc.
Suite 105

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Boca Raton, FL

City & State

4. FEI Number

Applied for

☒ Applied For
☐ Not Applicable

Zip
33433

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Richard C. Bulman

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

Sachs, Sax & Klein PA

301 Yamato Road, Suite 4150

City

Boca Raton

FL

Zip Code
33431

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.

DATE

4/29/02

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
Andrew Ress, M.D.
7284 Palmetto Park Rd.#105
Boca Raton, FL 33433

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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 REPRESENTATIVE

Date

Daytime Phone #

4/29/02

561-347-1611

CR2E083B (12/01)

Attachment
961072
#LO100002017

Form **SS-4**

(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

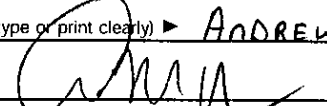
EIN

OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested SIRUS HOLDINGS, LLC		
	2 Trade name of business (if different from name on line 1) N/A		3 Executor, trustee, "care of" name N/A
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 7284 Palmetto PARK RD W suite 105		5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code BOCA RATON, FL 33433		5b City, state, and ZIP code N/A
	6 County and state where principal business is located PAIM BEACH, FL		
	7a Name of principal officer, general partner, grantor, owner, or trustor ANDREW RESS, M.D. MGRM		7b SSN, ITIN, or EIN 266-86-4172
8a Type of entity (check only one box): <input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corp. _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input checked="" type="checkbox"/> Other (specify) ▶ LLC <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶ _____			
8b If a corporation, name the state or foreign country (if applicable) where incorporated FLORIDA		Foreign country	
9 Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) ▶ LLC <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____			
10 Date business started or acquired (month, day, year) 11/21/2001		11 Closing month of accounting year 12/31/01	
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ N/A			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-". ▶		Agricultural	Household
14 Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail			
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. MEDICAL PRODUCTS AND SERVICES			
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____			
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____			

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name Address and ZIP code	Designee's telephone number (include area code) () Designee's fax number (include area code) ()

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ ANDREW RESS, M.D. MGRM	Applicant's telephone number (include area code) (561) 347-1611
Signature ▶ 	Applicant's fax number (include area code) (561) 347-1455
Date ▶ 4/29/02	