

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90056 034 \*\*\*\*55.00

20030001

**DOCUMENT # L01000021985**

1. Entity Name

**SPACE COAST DERMATOLOGY CLINIC, P.L.C.**



Principal Place of Business

**695 CONE PARK COURT  
MERRITT ISLAND FL 32952**

Mailing Address

**695 CONE PARK COURT  
MERRITT ISLAND FL 32952**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **30-0003505**

Applied For  
Not Applicable

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

**EARHART, JAMES A M.D.  
695 CONE PARK COURT  
MERRITT ISLAND FL 32952**

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 James A. Earhart, MD 1-23-03  
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

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
NAME **EARHART, JAMES A M.D.**  
STREET ADDRESS **695 CONE PARK COURT**  
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE **MGRM** ☐ Change ☐ Addition  
NAME **Teresa J. Earhart**  
STREET ADDRESS **695 Cone Park Ct**  
CITY-ST-ZIP **Merritt Island, FL 32952**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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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: James A. Earhart, MD 1-23-03 321-453-3360  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)