

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

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90083 016 ****50.00

DOCUMENT # L01000022558

1. Entity Name

APERIO SERVICES, LLC

DO NOT WRITE IN THIS SPACE

80039566

2. Principal Place of Business 950 S. TAMIAHI TRAIL (Suite) Apt. #, etc. 102		3. Mailing Address 950 S. TAMIAHI TRAIL (Suite) Apt. #, etc. 102	
City & State SARASOTA, FL		City & State SARASOTA, FL	
Zip 34236	Country USA	Zip 34236	Country USA

4. FEI Number 01-0571055	Applied For Not Applicable
-----------------------------	-------------------------------

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JOSEPH EDWARDS	
Street Address (P.O. Box Number is Not Acceptable) 801 N. FRANKLIN ST. SUITE 2100	
City TAMPA	FL Zip Code 33602

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

2/27/02
DATE

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	PRESIDENT DR. CARL BUGIND 950 S. TAMIAHI TRAIL SUITE 102 SARASOTA, FL 34236	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT IVAN DUS, DDS 950 S. TAMIAHI TRAIL SARASOTA, FL 34236	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER DOMINIC COLARUSSO 138 N. 3RD ST. OLEAN, NY 14760	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME 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 #

941-955-2885

CR2E083B (12/01)