

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000022589

FILED
Feb 12, 2002 8:00 AM
Secretary of State

Entity Name: MICRO-MED OF GEORGIA, LLC

Current Principal Place of Business:

5169 WEST 12TH STREET
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

5169 WEST 12TH STREET
JACKSONVILLE, FL 32254

New Mailing Address:

FEI Number: 59-3757430 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHEU, FRANCIS M
5169 WEST 12TH STREET
JACKSONVILLE, FL 32254 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: SCHEU, FRANK M
Address: 5169 WEST 12TH STREET
City-St-Zip: JACKSONVILLE, FL 32254 US

Title: MGR () Change (X) Addition
Name: HENDRIX, CHARLES N
Address: 5169 WEST 12TH STREET
City-St-Zip: JACKSONVILLE, FL 32254 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: FRANK M. SCHEU

MR

02/12/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date