

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000022750

FILED  
Jan 06, 2003  
Secretary of State

**Entity Name:** EDWARD F. SAFILLE M.D. P.L.C.

**Current Principal Place of Business:**

4201 PALM AVENUE, 2ND FLOOR  
HIALEAH, FL 33012

**New Principal Place of Business:**

4201 PALM AVENUE, 2ND FLOOR  
SUITE 2D  
HIALEAH, FL 33012

**Current Mailing Address:**

4201 PALM AVENUE, 2ND FLOOR  
HIALEAH, FL 33012

**New Mailing Address:**

4201 PALM AVENUE, 2ND FLOOR  
SUITE 2D  
HIALEAH, FL 33012

**FEI Number:** 41-2041951

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SAFILLE, LORI  
4201 PALM AVENUE, SUITE 20  
HIALEAH, FL 33012

**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: MGR ( ) Delete  
Name: SAFILLE, LORI  
Address: 4201 PALM AVENUE, SUITE 20  
City-St-Zip: HIALEAH, FL 33012

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LORI SAFILLE

MGR

01/06/2003

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