4/22/2002-90238-0

FILED
Aug 19, 2002 8:00 am
Secretary of State
04-22-2002 90238 048 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000000034

1. Entity Name

PHYSICIANS FOR BETTER JACKSONVILLE, L.L.C.

DO NOT WRITE IN THIS SPACE

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13400 Sutton Pk Dr South	Same
Suite, Apt. #, etc. #1301	Suite, Apt. #, etc.
City & State Jacksonville FL	City & State
Zip 32224 Country USA	Zip Country

4. FEI Number 80-0006916 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Christopher Roberts

Street Address (P.O. Box Number is Not Acceptable) 13400 Sutton Pk Dr South #1301

City Jacksonville FL Zip Code 32216

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 ______________________________ DATE ________

Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	Owner/President	TITLE	
NAME	christopher Roberts	NAME	
STREET ADDRESS	8070 Dixie Dr	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32216	CITY-ST-ZIP	
TITLE	Owner/Vice-President	TITLE	
NAME	Javier Garcia Bengochea	NAME	
STREET ADDRESS	8070 Dixie Dr.	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32216	CITY-ST-ZIP	
TITLE		TITLE	DO NOT WRITE IN THIS SPACE
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083B (12/01)

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] MD Christopher Roberts MD 2/17/02 904-223-3321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #