

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000000034

FILED
Sep 15, 2002
Secretary of State

Entity Name: PHYSICIANS FOR BETTER JACKSONVILLE, L.L.C.

Current Principal Place of Business:

13400 SUTTON PARK DRIVE SOUTH,
#1301
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

13400 SUTTON PARK DRIVE SOUTH,
#1301
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 80-0006916

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, CHRISTOPHER
13400 SUTTON PK DR SOUTH
#1301
JACKSONVILLE, FL 32216 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: P () Delete
Name: ROBERTS, CHRISTOPHER M.D.
Address: 8070 DICKIE DR
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP () Delete
Name: GARCIA-BENGOCHEA, JAVIER M.D.
Address: 8070 DICKIE DR
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROBERTS, CHRISTOPHER M.D.
Address: 8070 DICKIE DR
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM (X) Change () Addition
Name: GARCIA-BENGOCHEA, JAVIER M.D.
Address: 8070 DICKIE DR
City-St-Zip: JACKSONVILLE, FL 32216

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: CHRISTOPHER ROBERTS

MGRM

09/15/2002

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