

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90011 023 \*\*\*\*50.00

**DOCUMENT # L02000000972**



1. Entity Name

**AMBASSADOR MED, LLC**

Principal Place of Business

Mailing Address

**608 DELANEY PARK DR  
ORLANDO FL 32806**

**608 DELANEY PARK DR  
ORLANDO FL 32806**

2. Principal Place of Business

3. Mailing Address

**301 E. Pine Street**

Suite, Apt. #, etc.

**Suite 150**

Suite, Apt. #, etc.

City & State

**Orlando, FL**

City & State

Zip

**32801**

Country

Zip

Country

4. FEI Number

**59-3766108**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**POWELL, MARY J. HOMAN  
608 DELANEY PARK DR  
ORLANDO FL 32806**

7. Name and Address of New Registered Agent

Name

**Mary J. Homan**

Street Address (P.O. Box Number is Not Acceptable)

**608 Delaney Park Drive**

City

**Orlando**

FL

Zip Code

**32806**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Mary J. Homan*

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

(NOTE: Registered Agent signature required when reinstating)

**3/28/03**

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Manager  
Mary J. Homan  
608 Delaney Park Drive  
Orlando, FL 32806** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Mary J. Homan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**3/28/03**

Date

**407-681-6300**

Daytime Phone #

CR2E083 (10/02)