

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90001 004 ****50.00

DOCUMENT # L02000001129

1. Entity Name

BLAKE SAYRE, M.D., P.L.



Principal Place of Business

**24 WEST CHASE STREET
PENSACOLA FL 32501**

Mailing Address

**24 WEST CHASE STREET
PENSACOLA FL 32501**

2. Principal Place of Business

2401 EXECUTIVE PLAZA

3. Mailing Address

2401 EXECUTIVE PLAZA

Suite, Apt. #, etc.

SUITE 1

Suite, Apt. #, etc.

SUITE 1

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

Zip

32504

Country

Zip

32504

Country

4. FEI Number

01-0583165

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**LOZIER, DANIEL R
24 WEST CHASE STREET
PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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 **MEMBER/MANAGER** ☐ Delete
NAME **R. BLAKE SAYRE**
STREET ADDRESS **2401 EXECUTIVE PLAZA, SUITE 1**
CITY-ST-ZIP **PENSACOLA, FL 32504-8277**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Change ☒ Addition
NAME **R. BLAKE SAYRE**
STREET ADDRESS **2401 EXECUTIVE PLAZA, SUITE 1**
CITY-ST-ZIP **PENSACOLA, FL 32504-8277**

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

TITLE ☐ Change ☐ Addition
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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: *R. Blake Sayre* **3/12/03** **850 484-7204**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)