

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000001663

1. Entity Name

COLONIAL MEDICAL COMPLEX, L.L.C.



Principal Place of Business

5749 MEADOW LANE  
NEW PORT RICHEY FL 34652-4129

Mailing Address

5749 MEADOW LANE  
NEW PORT RICHEY FL 34652-4129

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90047 014 \*\*\*\*50.00

20007187



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

26-0037363

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GASSMAN, ALAN S ESQ.  
1245 COURT STREET  
SUITE 102  
CLEARWATER FL 33756

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

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
	MGR ANTHONY, CHARLES R 5749 MEADOW LANE NEW PORT RICHEY FL 34652-4129		
	AMGR LASANDRA ANTHONY 5749 MEADOW LANE ST NEW PORT RICHEY FL 34652-4129		

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 Required*

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

Date

Daytime Phone #

1/11/03

CR2E083 (10/02)