2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0200002498 1. Entity Name COLONNADE WALK-IN MEDICAL CENTER, LLC					0		LED 9 PM 12:	20	
SUITE 2 NAPLES FL 34103 US		Mailing Address 5117 CASTELLO DRIVE SUITE 2 NAPLES FL 34103 US		WEIP	S	ECRETA	RY OF STA	VTE:	
		3. Mailing Address					 	11 66110 11011 BJULU II	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		·			HERE IF MAK	;	
City & State		City & State		4. FEI Numb		<u>000'</u>	7378	No	oplied For ot Applicable
Zìp 	Country	Zip .	Country		5. Certificate	of Status D	esired 🔲	\$5.00 Add	
5117 SUN	6. Name and Address of Current R RRAY, PAUL A ESQUIRE 7 CASTELLO DRIVE TE 2 LES FL 34103		Address (P		Muri er is Not Ac	Blvd.		log_	
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									
		Due	By May 1, 200					·	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBER MGR GREKOS, ZANNOS G 9240 BONITA BEACH ROAD, SUI BONITA SPRINGS, FL 34135 MGR KYRITSIS, ATHINA	Delete Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		R HINA K 40 BOJ		ITIONS/CHANG SIS SCH RD TA SPRIC	Change	Addition Sy/SS Addition
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NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	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 share 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 the properties report as required by Chapter 608, Florida Statutes. SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Phone #									