

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 90088 023 \*\*\*\*50.00

**DOCUMENT # L02000003515**

1. Entity Name  
**JASSIR MEDICAL, L.L.C.**



Principal Place of Business  
**1405 SOUTH ORANGE AVENUE  
ORLANDO FL 32806  
US**

Mailing Address  
**P.O. BOX 560862  
ORLANDO FL 32856-0862  
US**

**44001640**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**1405 S. ORANGE AVE.**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**ORLANDO FL**

City & State

4. FEI Number  
**03-0387627**

Applied For  
Not Applicable

Zip  
**32806** Country  
**USA**

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**LEFKOWITZ, IVAN M  
430 NORTH MILLS AVENUE  
ORLANDO FL 32803**

7. Name and Address of New Registered Agent

Name  
**THOMAS F. WINTERS, JR. M.D.**

Street Address (P.O. Box Number is Not Acceptable)  
**1405 S. ORANGE AVENUE**

**SUITE 601**

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 *Thomas F. Winters, Jr.* **THOMAS F. WINTERS, JR.** **4-24-03**  
Signature, typed or printed name of registered agent and fee 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
JASSIR, CARLOS M.D.  
1405 SOUTH ORANGE AVENUE  
ORLANDO FL 32806** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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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  
**MGR M  
THOMAS F. WINTERS, JR.  
1405 S. ORANGE AVE, SUITE 601  
ORLANDO, FL 32806** ☐ 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: *Thomas F. Winters, Jr.* **THOMAS F. WINTERS, JR.** **4-24-03** **649-1097**  
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #

CR2E083 (10/02)