FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91159 048 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L02000003540

1. Entity Name
CAMBRIDGE MEDICAL GROUP, LLC

Principal Place of Business
6890 S.W. 44TH ST., UNIT 214
MIAMI, FL 33155

Mailing Address
6890 S.W. 44TH ST., UNIT 214
MIAMI, FL 33155

2. Principal Place of Business
7401 NE 8th Court
Suite, Apt. #, etc.
City & State: Boca Raton, FL
Zip: 33487
County: Palm Beach

3. Mailing Address
7401 NE 8th Court
Suite, Apt. #, etc.
City & State: Boca Raton, FL
Zip: 33487
County: Palm Beach

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 01-0636333 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHERER, KENNETH J
712 U.S. HWY. ONE, STE. 400
NORTH PALM BEACH, FL 33408

7. Name and Address of New Registered Agent

Name: Anthony Petruzzi
Street Address (P.O. Box number is not acceptable): 7401 NE 8th Court
Boca Raton,
City: Boca Raton, FL Zip: 33487

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: Anthony Petruzzi, Managing Member (NOTE: Registered Agent signature required when changing) DATE: 5/2/03

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Anthony Petruzzi 7401 NE 8th Court Boca Raton, FL 33487 ☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
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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
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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 605, Florida Statutes.

SIGNATURE: Anthony Petruzzi, Managing Member 5/2/03 561/756-5428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

COR E03000 (1/02)