


FILED
Mar 21, 2003 8:00 am
Secretary of State

01-21-2003 90318 030 ****50.00

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

DOCUMENT # L02000007612
 1. Entity Name
SCOTT R. HANNUM, D.O., P.L.



00018307

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: **131 Redstone**
 Suite, Apt. #, etc.: **Suite 105**
 City & State: **Crestview, FL**
 Zip: **32539** Country: **USA**

3. Mailing Address: **131 Redstone**
 Suite, Apt. #, etc.: **Suite 105**
 City & State: **Crestview, FL**
 Zip: **32539** Country: **USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number: **02-0575794** Applied For: Not Applicable

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

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: _____ 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	
TITLE: MEMBER NAME: Scott R. Hannum, D.O. STREET ADDRESS: 131 Redstone, Suite 105 CITY-ST-ZIP: Crestview, FL 32539	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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OPERATIONS (10/03)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED DATE: **1/13/03** (850) 682-7670