FILED
Apr 03, 2003 8:00 am
Secretary of State
04-03-2003 90020 041 ****50.00

ORIGINAL

30048356

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000008343

1. Entity Name
SAICI, LLC

Principal Place of Business	Mailing Address
220 E. CENTRAL PARKWAY, SUITE 2030 ALTAMONTE SPRINGS, FL 32701	220 E. CENTRAL PARKWAY, SUITE 2030 ALTAMONTE SPRINGS, FL 32701

X CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
19 N. Old Kings Rd.	19 N. Old Kings Rd.
Suite, Apt. #, etc.: Suite C101	Suite, Apt. #, etc.: Suite C101
City & State: Palm Coast, FL	City & State: Palm Coast, FL
Zip: 32137 Country: USA	Zip: 32137 Country: USA

4. FEI Number 02-0592460 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

INDEST, GEORGE F III ESQ
C/O GEORGE F. INDEST III, P.A.
220 E. CENTRAL PARKWAY, SUITE 2030
ALTAMONTE SPRINGS, FL 32701

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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Olga Posternak Hochman 19 North Old Kings Rd. #C101 Palm Coast, FL 32137 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Victor Hochman, M.D. 19 North Old Kings Rd. #C101 Palm Coast, FL 32137 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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], Olga Hochman, Mgr. 3/31/03 (386)445-4193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #