

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-21-2003 90113 001 ****50.00

DOCUMENT # L02000008597

1. Entity Name

ACCIDENT & INJURY CENTER LLC



Principal Place of Business

Mailing Address

**901 NORTH MAGNOLIA AVENUE, SUITE 201
ORLANDO FL 32803**

**901 NORTH MAGNOLIA AVENUE, SUITE 201
ORLANDO FL 32803**

2. Principal Place of Business

3. Mailing Address

12381 So. Orange Blossom Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Orlando Fl.

City & State

Orlando Fl.

4. FEI Number

01-0718520

Applied For

Not Applicable

Zip

32837

Country

USA

Zip

32837

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARNOLD, MATHENY & EAGAN, P.A.
801 NORTH MAGNOLIA AVENUE, SUITE 201
ORLANDO FL 32803**

Name

Elizabeth Van Gilder

Street Address (P.O. Box Number is Not Acceptable)

12381 So Orange Blossom Trail

City

Orlando

FL

Zip Code

32837

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

Elizabeth Van Gilder

4/7/03

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Elizabeth Van Gilder

**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 **President** ☐ Delete
NAME **Elizabeth Van Gilder**
STREET ADDRESS **12381 So Orange Blossom Trail**
CITY-ST-ZIP **Orlando Fl. 32837**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Elizabeth Van Gilder

Elizabeth S Van Gilder

Date

4/7/03

Daytime Phone #

(407) 852-0838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (10/02)

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