

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000008620

FILED  
May 29, 2003  
Secretary of State

**Entity Name:** THE HIT CENTER OF JACKSONVILLE, LLC

**Current Principal Place of Business:**

8759 HARPERS GLEN COURT  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

9446 PHILIPS HWY  
SUITE 3  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

8759 HARPERS GLEN COURT  
JACKSONVILLE, FL 32256

**New Mailing Address:**

9446 PHILIPS HWY  
SUITE 3  
JACKSONVILLE, FL 32256

**FEI Number:** 04-3640488

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

EVA BROWN CZERKAWSKI, M.D.  
8759 HARPERS GLEN COURT  
JACKSONVILLE, FL 32256

**Name and Address of New Registered Agent:**

CZERKAWSKI, EVA B DR.  
8759 HARPERS GLEN COURT  
JACKSONVILLE, FL 32256

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.

SIGNATURE: EVA B CZERKAWSKI

05/29/2003

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete

Name:

Address:

City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition

Name: MARSTON, AARON MR.

Address: 8335 FREEDOM CROSSING TRAIL

City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: AARON MARSTON

MGR

05/29/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date