

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 23, 2003 8:00 am**  
**Secretary of State**

09-23-2003 90023 031 \*\*\*\*\*50.00

**DOCUMENT # L02000008749**

1. Entity Name

**LIFESCAN INSTITUTES OF AMERICA, L.L.C.**



Principal Place of Business

**3122 E. COMMERCIAL BLVD.  
FORT LAUDERDALE FL 33308**

Mailing Address

**3122 E. COMMERCIAL BLVD.  
FORT LAUDERDALE FL 33308**

2. Principal Place of Business

**6000 Glades Road**

Suite, Apt. #, etc.

**Suite 1055**

City & State

**Boca Raton, FL**

Zip

**33143**

Country

**U.S.A.**

3. Mailing Address

**441 NE 4th Avenue**

Suite, Apt. #, etc.

**Suite 105**

City & State

**Ft. Lauderdale, FL**

Zip

**33301**

Country

**U.S.A.**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**75-3082411**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GOPMAN, JONATHAN E  
C/O GREENBERG TRAURIG, P.A.  
2255 GLADES ROAD, SUITE 419A  
BOCA RATON FL 33431**

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 September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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  
**MGRM  
N. Bruce Walko  
441 NE 4th Avenue  
Ft. Lauderdale, FL 33301**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**MGRM  
Dr. Robert L. Kagan  
3122 E. Commercial Blvd.  
Ft. Lauderdale, FL 33308**

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

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

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

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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

**9/19/03 954-315-1601**

CR2E083 (4/03)