

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2003 8:00 am
Secretary of State

07-29-2003 90055 030 ****50.00

DOCUMENT # L02000009659

1. Entity Name

J. BASS MEDICAL, L.L.C.



Principal Place of Business

Mailing Address

12591 MCGREGOR BOULEVARD
FORT MYERS FL 33919

12591 MCGREGOR BOULEVARD
FORT MYERS FL 33919

55054545

2. Principal Place of Business

3. Mailing Address

5261 Westminster Dr.

5261 Westminster Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

Fort Myers FL

Fort Myers, FL

4. FEI Number

Applied For

FIN: 11-3645473

Not Applicable

Zip

Country

(USA)

Zip

Country

(USA)

33919

LEE

33919

Lee

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

HENDRY, HARRY O
2242 MAIN STREET
FORT MYERS FL 33901

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

10. ADDITIONS/CHANGES

TITLE **PRESIDENT** ☐ Delete
NAME **JAMES S. BASS**
STREET ADDRESS **5261 WESTMINSTER DR.**
CITY-ST-ZIP **FT. MYERS, FL 33919-1924**

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

TITLE **VICE-PRESIDENT** ☐ Delete
NAME **JENNIE C. BASS**
STREET ADDRESS **5261 WESTMINSTER DR.**
CITY-ST-ZIP **FT. MYERS, FL 33919-1924**

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

TITLE **SECRETARY** ☐ Delete
NAME **JENNIFER L. BASS**
STREET ADDRESS **5261 WESTMINSTER DR.**
CITY-ST-ZIP **FT. MYERS, FL 33919-1924**

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

TITLE **TREASURER** ☐ Delete
NAME **JENNIE R. BASS**
STREET ADDRESS **5261 WESTMINSTER DR.**
CITY-ST-ZIP **FT. MYERS, FL 33919-1924**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

July 24 2003

239-481-7657

Date

Daytime Phone #

CR2E083 (4/03)