

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90029 034 ****50.00

DOCUMENT # L02000012531

1. Entity Name

EDWARD M. SUPINSKI, MD, LLC



Principal Place of Business

1882 SUN GAZER DRIVE
ROCKLEDGE FL 32955

Mailing Address

1882 SUN GAZER DRIVE
ROCKLEDGE FL 32955

2. Principal Place of Business

7000 Spyglass Ct

3. Mailing Address

7000 Spyglass Ct.

Suite, Apt. #, etc.

201C

Suite, Apt. #, etc.

201C

City & State

Melbourne, FL

City & State

Melbourne, FL

Zip

32940

Country

Zip

32940

Country

4. FEI Number

04-3672032

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SUPINSKI, EDWARD M
1882 SUN GAZER DRIVE
ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent

Name

Edward M. Supinski

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

7000 Spyglass Ct., #201C

City

Melbourne

FL

Zip Code

32955

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

1/16/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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

1/16/03

Date

(321) 255-5788

Daytime Phone #

CR2E083 (10/02)