

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0046704

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FILED

03 MAY 12 AM 10:33

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
THE ROOSEVELT MEDICAL CENTER, L.L.C.
Name changed to: **St. Johns Medical Building, L.L.C. on 12/17/02**

Principal Place of Business
**4339 ROOSEVELT BLVD.(SOUTH 17 OFFICE PARK UNIT 601)
JACKSONVILLE FL 32218**

Mailing Address
**2221 SEGOVIA AVENUE
C/O AURELIO MUZAUARIETA
JACKSONVILLE FL 32217**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
2221 Segovia Avenue

3. Mailing Address
Suite, Apt. #, etc.

City & State
Jacksonville, FL

4. FEI Number Applied For
 Not Applicable

Zip **32217** Country **USA**

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MUZAUARIETA, AURELIO
2221 SEGOVIA AVENUE
JACKSONVILLE FL 32217**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	MGRM MUZAUARIETA, AURELIO A 221 SEGOVIA AVENUE JACKSONVILLE FL 32217 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Aurelio A. Muzaurieta 2221 Segovia Avenue Jacksonville, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500019846865 05/23/03--01051--015 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Aurelio A. Muzaurieta **SIGNATURE REQUIRED** **4/4/03** **964 737-5742**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)