

# 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**

Suite, Apt. #, etc.

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	<b>MGRM MUZAUARIETA, AURELIO A 221 SEGOVIA AVENUE JACKSONVILLE FL 32217</b> <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	<b>Managing Member</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Aurelio A. Muzaurieta 2221 Segovia Avenue Jacksonville, FL 32217</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500019846865 05/23/03--01051--015 **50.00</b>
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
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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)