

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 02, 2003 8:00 am
Secretary of State

05-05-2003 90692 016 *****50.00

S/

DOCUMENT # L02000012650



1. Entity Name
JED P. WEBER, M.D., L.L.C.

Principal Place of Business
**PO BOX 560
CRYSTAL BEACH FL 84681**

Mailing Address
**PO BOX 560
CRYSTAL BEACH FL 84681**

44003158

2. Principal Place of Business
"The Center For Neurosurgical Care"
Suite, Apt. #, etc. **646 Virginia Street, Suite 600**

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

City & State
Dunedin, FL 34698 State



CHECK HERE IF MAKING CHANGES

Zip **Phone: 727-733-4151 Fax: 727-733-4450** Country

4. FEI Number
30 0079522

Applied For
Not Applicable

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

**GASSMAN, ALAN S
1245 COURT STREET, SUITE 102
CLEARWATER FL 33758**

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]*

5/1/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

DATE

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

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR WEBER, JED P M.D. PO BOX 560 CRYSTAL BEACH FL 84681	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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: *[Signature]* **SIGNATURE REQUIRED**

5/1/03 727 733 4151

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

Date

Daytime Phone #

CR2E083 (10/02)