

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90032 021 \*\*\*\*50.00

**DOCUMENT # L02000014708**

1. Entity Name

**SCOTT L. GOLD, M.D., LLC**



Principal Place of Business

**405 PELICAN ~~AVENUE~~ Key  
MELBOURNE BEACH FL 32951**

Mailing Address

**405 PELICAN ~~AVENUE~~ Key  
MELBOURNE BEACH FL 32951**

2. Principal Place of Business

**7630 N. Wickham Rd**

3. Mailing Address

**7630 N. Wickham Rd**

Suite, Apt. #, etc.

**#104**

Suite, Apt. #, etc.

**#104**

City & State

**Melbourne, FL**

City & State

**Melbourne, FL**

Zip

**32940**

Country

**USA**

Zip

**32940**

Country

**USA**

4. FEI Number

**74-3048745**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$5.00 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**FALLACE, JAMES H  
FALLACE & LARKIN, LLC  
1900 S. HICKORY STREET, STE. A  
MELBOURNE FL 32901**

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 May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **Manager** ☐ Delete  
NAME **Scott L. Gold**  
STREET ADDRESS **7630 N. Wickham Rd #104**  
CITY-ST-ZIP **Melbourne, FL 32940**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

TITLE ☐ Change ☐ Addition  
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 of Scott L. Gold**

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

**2/22/03 321-253-0880**

Date

Daytime Phone #

CR2E083 (10/02)