2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

9/15/2003-90096-050-$150.00-$150.00
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 29 PM 3:32

DOCUMENT # L02000015306

1. Entity Name

CAMBRIDGE, LLC

CAM8601 3301333214 1603 48 09/23/03
NOTIFY SENDER OF NEW ADDRESS
:CAMBRIDGE LLC
15320 AMBERLY DR #A
TAMPA FL 33647-1647

THIS IS "PRINCIPAL" + "BILLING" ADDRESS

2.

☐ CHECK HERE IF MAKING CHANGES

City & State	City & State	4. FEI Number 37-1433850	☐ Applied For ☐ Not Applicable
Zip / Country	Zip / Country	5. Certificate of Status Desired ☐	$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, ROBERT V
201 N FRANKLIN STREET, SUITE 2600
TAMPA FL 33602

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O.W. FRAZIER, M.D. 15320 AMBERLY DR #A TAMPA, FL 33647	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARK S. WEISSMAN, M.D. 15320 AMBERLY DR #A TAMPA, FL 33647	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E083 (4/03)

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: X SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #