

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

**FILED**  
**Sep 23, 2003 8:00 am**  
**Secretary of State**

09-23-2003 90023 044 \*\*\*\*50.00

**DOCUMENT # L02000017754**

1. Entity Name

**MUSCULOSKELETAL ASSOCIATES, LLC**



Principal Place of Business

Mailing Address

**4175 E. FOWLER AVE.  
TAMPA FL 33617**

**4175 E. FOWLER AVE.  
TAMPA FL 33617**

**90158155**



2. Principal Place of Business

3. Mailing Address

**13020 Telecom Parkway N**  
Suite, Apt. #, etc.

**13020 Telecom Parkway N**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

**Temple Terrace FL**

**Temple Terrace FL**

4. FEI Number

Applied For

**22-3857375**

Not Applicable

Zip

Country

Zip

Country

**33637**

**33637**

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

**ANDERSON, JOYCE  
4175 E. FOWLER AVE.  
TAMPA FL 33617**

Name

Street Address (P.O. Box Number is Not Acceptable)

**13020 Telecom Parkway N**

City

**Temple Terrace**

FL

Zip Code

**33637**

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 September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
NAME **Bernasek, Thomas MD**  
STREET ADDRESS **13020 Telecom Parkway N**  
CITY-ST-ZIP **Temple Terrace FL 33637**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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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 REQUIRED**

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

Date

Daytime Phone #

**9/11/03**

**813 978  
9700**

CR2E083 (4/03)