

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0034206

DOCUMENT # L02000018021

1. Entity Name

IMPACT HCY OF TAMPA BAY, L.L.C.

HGX



FILED

03 MAY 12 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business

7627 COURTNEY CAMPBELL CAUSEWAY
TAMPA FL 34607

Mailing Address

7627 COURTNEY CAMPBELL CAUSEWAY
TAMPA FL 34607

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0633183

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATEL, NILESH
115 SOUTH WILLOW AVE.
TAMPA FL 33606

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

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

400018802324
05/12/03--01033--012 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME PATEL, SARJU
STREET ADDRESS 7627 COURTNEY CAMPBELL CAUSEWAY
CITY-ST-ZIP TAMPA FL 34607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM
NAME PATEL, SARJU / SARUK HCY OF TAMPA BAY, LLC
STREET ADDRESS 18305 WYBURN AVE
CITY-ST-ZIP TAMPA FL 33647

TITLE MEMBER
NAME IMPACT MGMT, INC.
STREET ADDRESS 7627 COURTNEY CAMPBELL CAUSEWAY
CITY-ST-ZIP TAMPA FL 33607

TITLE MEMBER
NAME SARUK HCY OF TAMPA BAY, LLC
STREET ADDRESS 18305 WYBURN AVE
CITY-ST-ZIP TAMPA FL 33647

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 #

CR2E083 (10/02)