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

## DOCUMENT # L02000020174



FILED
Mar 17, 2003 8:00 am
Secretary of State

	me					03-17-2003 9		70.00
FLEMING	ISLAND MEDICAL PLAZA, LL	C						
Principal Pla	ice of Business	Maillean Address			4			
	SE BLVD., SUITE 102	-	Mailing Address					
las acceptance of title		9765 SAN JOSE BLVD SUITE 102 JACKSONVILLE FL 32257						
A Detection	DI. (0.	T						
Z. Principai i	Place of Business	3. Mailing Address	3. Mailing Address					
Suite, Apt	t # etc	Suite, Apt. #, etc.			1			
		Soile, Apr. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & Sta	ate	City & State	City & State		4. FEI Number Applied For			
					<i>_ 2</i> 2-	386530	<u>う</u>	Not Applicable
Zip	Country	Zip	Country		5. Certific	ate of Status Desired	□ \$5.00 <i>/</i>	
	6. Name and Address of Current I	Pegistered Agent	1		<u>L</u> .		Fee Requ	ired
	or Name and Address of Cultera	tegistered Agent			/:- Name a	nd Address of New R	agistered Agent	
BRANT, ABRAHAM, REITER & MCCORMICK, P.A.					•			
	North Laura Street, Suite 275	0	Str	Street Address (P.O. Box Number is Not Acceptable)				
JAC	KSONVILLE FL 32202		-					
	•		Cit	У			FL Zip Ci	ode
8. The above	e named entity submits this statement for	the purpose of changing its	registered offi	ice or registere	ed agent, or l	ooth, in the State of Flor	ida. I am familiar wit	th, and accept
the obligat	tions of registered agent.							•
SIGNATURE								
	Signature, typed or printed name of registered agent at	id title if applicable. (NOTE	E: Registered Agent	t signature required	when reinstating)		DATE	
			OW!!! FEE		a a			
		Make Check Payabl			nt of State			
		Due	e By May 1,	2003				
9.	MANAGING MEMBER	IS/MANAGERS	10.			ADDITIONS/	CHANGES	
TITLE	MGRM	☐ Delete	TITLE	MGR	W.		☐ Change	e 🐧 Addition
NAME STREET ADDRESS	GATIEN, LIONEL J D.O.	10	NAME	Mili	tello	James M	14-16D	•
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NAME	ANEZ, LUIS F M.D.			_ 20	Clesin	James, M. Jose Blid Mu 9 32		···
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CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	9765 SAN JOSE BLVD., SUITE 10 JACKSONVILLE FL 32257 MGRM	Delete	NAME STREET ADOR CITY-ST-ZIP	RESS	Clesin		☐ Change	
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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:**