

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

04-25-2003 90756 024 ****50.00

4/21

DOCUMENT # L02000022195

1. Entity Name

PATIENT HEALTH SOLUTIONS, L.L.C.



Principal Place of Business

**5 ISLAND DRIVE
LAKE MARY FL 32746**

Mailing Address

**5 ISLAND DRIVE
LAKE MARY FL 32746**

44001906

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0422746

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

**JOHNSON, SCOTT E ESQ.
111 N. ORANGE AVENUE, SUITE 1200
ORLANDO FL 32801**

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**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** **MANAGING DIRECTOR** ☐ Delete
NAME **HARRIS, DAVID**
STREET ADDRESS **5 ISLAND DRIVE**
CITY-ST-ZIP **LAKE MARY FL 32746** **Longwood FL 32759**

TITLE **MGR** ☐ Delete
NAME **Robert Bowler**
STREET ADDRESS **495 FAWN HILL**
CITY-ST-ZIP **LAKE FOREST FL 32751**

TITLE **MGR** ☐ Delete
NAME **Penelope Buring**
STREET ADDRESS **5 ISLAND DRIVE**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **MGR** ☐ Delete
NAME **Stephen Vogt**
STREET ADDRESS **1711 BARCELONA WAY**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **MGR** ☐ Delete
NAME **Michael Mackay**
STREET ADDRESS **2100 Silver Lake CT**
CITY-ST-ZIP **Longwood FL 32759**

TITLE **MGR** ☐ Delete
NAME **H. Stephen Garner**
STREET ADDRESS **403 Spring Valley Lane**
CITY-ST-ZIP **Altamonte Springs FL 32714**

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 606, Florida Statutes.

SIGNATURE:

SIGNATURE

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

4/22/03 407 496-9786

Date

Daytime Phone #

CR2E083 (10/02)