2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000022240

1. Entity Name

36TH STREET MEDICAL BUILDING, LLC

SIGNATURE: SIGNATURE AND TYPED OF



FILED Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90231 037 ****50.00

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CADWELL, WILLIAM W ESQ. 756 BEACHLAND BLVD. BARKETT & GARAVAGUIA, CHARTERED VERO BEACH FL 20963 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 orbigalization of registered agent, with an experiment are of registered agent, with a registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigalization of registered agent, with an experiment are of registered agent, with an experiment agent and time it experiment are of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigalization of registered agent, with an experiment are of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigalization of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigalization of the orbigalization of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigalization of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigalization of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigalization of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigalization of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigalization of the orbigalizatio			A Daulatour A stant		.tee;Hequired		
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BARKET & GARAVAGUA, CHARTERED VERO BEACH FL 32983 City FL Zip Code City FL Zip Cod	CALD	WELL, WILLIAM W ESQ.			Street Address (P.O. Box Number is Not Acceptable)		
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6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. City FL Zip Code			RED				
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Signature, typed or primed name of registered agent and time is appricable. (INCTE: Registered Agent accordance in contracting) Name			. ,	_			
FILE NOW:!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE O Delete TITLE NAME SIREET ADDRESS CITY-ST-2P SIREET ADDRESS CITY-ST-2P TITLE NAME SIREET ADDRESS CITY-ST-2P SIREET ADDRE	SIGNATURE _	Simple to the state of some of contents of any	ont and title if applicable (NO)	FE: Begistered Agent signatur	re required when reinstating) DATE		
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