

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-11-2003 90016 042 ****50.00

DOCUMENT # L02000022391

1. Entity Name

OCEAN MEDICAL, LLC



Principal Place of Business

Mailing Address

**3805 HENDERSON BLVD.
TAMPA FL 33629**

**3805 HENDERSON BLVD.
TAMPA FL 33629**

2. Principal Place of Business

505 E. JACKSON ST.

3. Mailing Address

Suite, Apt. #, etc.
202

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

Zip
33602

Country

HILL'S BOROUGH

Zip

Country

4. FEI Number

41-2058091

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TIPNES, VICTOR
3805 HENDERSON BLVD.
TAMPA FL 33629**

7. Name and Address of New Registered Agent

Name **RICHARD A. ROBERTS**
Street Address (P.O. Box Number is Not Acceptable)
505 E. JACKSON ST. #202
City **TAMPA** FL Zip Code **33602**

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

Richard A. Roberts

3-28-03

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 MEMBER** MANAGING MEMBERS/MANAGERS

TITLE **RICHARD ROBERTS** ☐ Delete
NAME
STREET ADDRESS **505 E. JACKSON ST. #202**
CITY-ST-ZIP **TAMPA, FL 33602**

10. ADDITIONS/CHANGES

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Richard A. Roberts **REQUIRED**

3-28-03

813-225-1040

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

Date

Daytime Phone #

CR2E083 (10/02)