

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

02-28-2003 90041 012 ****50.00

DOCUMENT # L02000023257

1. Entity Name

POLK COUNTY PHYSICIANS NETWORK, L.L.C.



Principal Place of Business

**10806 US HWY 19
SUITE 102
PORT RICHEY FL 34668**

Mailing Address

**10806 US HWY 19
SUITE 102
PORT RICHEY FL 34668**

2. Principal Place of Business

2435 US 19

3. Mailing Address

2435 US 19

Suite, Apt. #, etc.

Ste 450

Suite, Apt. #, etc.

ste 450

City & State

Holiday, FL

City & State

Holiday, FL

Zip

34691

Country

FL

Zip

34691

Country

FL

6. Name and Address of Current Registered Agent

**MIKOS, CYNTHIA A
205 N PARSONS AVE
SUITE A
BRANDON FL 33510-4515**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP

☐ Change ☒ Addition

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CITY-ST-ZIP

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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:

Haider A Khan

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

Haider A Khan, Mgr

Date

2/16/03

Daytime Phone #

727-868-8373

CR2E083 (10/02)