

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2003 8:00 am
Secretary of State

08-22-2003 90075 026 ****50.00

DOCUMENT # L02000024094

1. Entity Name

APEX HEALTHCARE SOLUTIONS, L.L.C.



Principal Place of Business

**3107 SPRING GLEN ROAD STE. 200
JACKSONVILLE FL 32207**

Mailing Address

**3107 SPRING GLEN ROAD STE. 200
JACKSONVILLE FL 32207**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FGI Number

42-155 0422

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

7. Name and Address of New Registered Agent

**HEEKIN, T. GEOFFREY ESQ
ONE INDEPENDENT DRIVE STE. 2200
JACKSONVILLE FL 32202**

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 September 24, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Lorrie Burch, CFO ☐ Delete
3107 Spring Glen Rd Ste 200
Jax, FL 32207

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Nancy Ralston, COO ☐ Delete
3107 Spring Glen Rd Ste 200
Jax, FL 32207

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
James Spriggs III, CEO ☐ Delete
3107 Spring Glen Rd Ste 200
Jax, FL 32207

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

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

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

LORRIE BURCH, CFO

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

Date

Daytime Phone #

July 30, 2003

904-425-4200

CR2E083 (4/03)