

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90025 041 ****50.00

DOCUMENT # L02000024849

1. Entity Name

APEX MEDICAL SYSTEMS, LLC



Principal Place of Business

**11900 BISCAYNE BOULEVARD STE. 807
MIAMI FL 33181**

Mailing Address

**11900 BISCAYNE BOULEVARD STE. 807
MIAMI FL 33181**

2. Principal Place of Business

240 North Dixie Highway

Suite, Apt. #, etc.

Bay 18

City & State

Hollywood FL

Zip

33020

Country

USA

3. Mailing Address

240 N. Dixie Highway

Suite, Apt. #, etc.

Bay #18

City & State

Hollywood FL

Zip

33020

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

57-1136993

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GLASER, ALLAN M.P.A.
11900 BISCAYNE BOULEVARD STE. 807
MIAMI FL 33181**

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 **Managing Member** ☒ Delete
NAME **Allan Glaser**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **Managing Member** ☒ Change ☐ Addition
NAME **Kevin Singer**
STREET ADDRESS **240 North Dixie Highway Bay 18**
CITY-ST-ZIP **Hollywood FL 33020**

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

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

TITLE ☐ Change ☐ Addition
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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:

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

3/5/03

Date

(651) 921-0090

Daytime Phone #

CR2E083 (10/02)