


01-22-2003 90109 031 ****50.00

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**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000026855

1. Entity Name
SCOTT BURNS MD LLC



Principal Place of Business Mailing Address
5781 OVERSEAS HIGHWAY **5781 OVERSEAS HIGHWAY**
MARATHON FL 33050 **MARATHON FL 33050**

2. Principal Place of Business 3. Mailing Address
5181 Overseas Hwy **5181 Overseas Hwy**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Marathon FL **Marathon FL**
 Zip Country Zip Country
33050 Monroe **33050 Monroe**



55006733

CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For
43-1977-208 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

BURNS, SCOTT MD Name: **Burns, Scott MD**
5781 OVERSEAS HIGHWAY Street Address (P.O. Box Number is Not Acceptable)
MARATHON FL 33050 **5181 Overseas Highway**
 City: **Marathon** FL Zip Code: **33050**

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: **Scott M. Burns MD** DATE: **01/09/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	President, Treasurer Scott M. Burns, MD 5181 Overseas Highway Marathon, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **SCOTT M. BURNS MD** DATE: **01/09/03** DAYTIME PHONE #: **305-289-4656**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (10/02)