

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0013727

DOCUMENT # L02000027770

1. Entity Name

MEDICAL PURCHASING ALLIANCE, LLC



FILED

03 SEP 23 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business  
11900 BISCAYNE BOULEVARD, SUITE 807  
MIAMI FL 33181

Mailing Address  
11900 BISCAYNE BOULEVARD, SUITE 807  
MIAMI FL 33181

2. Principal Place of Business  
1940 HARRISON ST  
Suite, Apt. #, etc.  
Suite 300  
City & State  
Hollywood Florida  
Zip  
33020  
Country  
U.S.A.

3. Mailing Address  
1940 HARRISON ST.  
Suite, Apt. #, etc.  
Suite 300  
City & State  
Hollywood Florida  
Zip  
33020  
Country  
U.S.A.

4. FEI Number  
13-4221095  
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, SUITE 807  
MIAMI FL 33181

7. Name and Address of New Registered Agent  
Name  
FRANK De Flavia  
Street Address (P.O. Box Number is Not Acceptable)  
1940 HARRISON STREET  
Suite 300  
City Hollywood FL Zip Code 33020

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

FRANK J. DE FLAVIA MGRN

9/22/03

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Florida Department of State  
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRN	FRANK De Flavia	Suite 300	1940 HARRISON ST.	
			Hollywood, FL 33020	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			000023283180		
			03/23/03--01059--003	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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:

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

Date

Daytime Phone #

*[Signature]*

9/22/03 8549210661

CR2E083 (4/03)