

FILED

2004 NOV 29 PM 2:23

8/11/2003-90104-036-\$50.00-\$50.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

8/1

8/

DOCUMENT # L02000028872

1. Entity Name

BERRYHILL MEDICAL P.L.



Principal Place of Business

5937 BERRYHILL ROAD
MILTON FL 32570

Mailing Address

5937 BERRYHILL ROAD
MILTON FL 32570

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-1654361

Applied For

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

VERNALI, SAL
5937 BERRYHILL ROAD
MILTON FL 32570

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 \$50.00Make Check Payable to Florida Department of State
Due By September 24, 2003.

LISTING OF MANAGING MEMBERS/MANAGERS

MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MANAGING member
SAL VERNALI
5937 Berryhill Rd.
Milton, FL 32570☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Reinstatement w/o penalty

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

2003-2004

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

REINSTATEMENT 2003-2004

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

800043561298
12/21/04--01059--010 **100.00

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

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)(a), 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 605, Florida Statutes.

SIGNATURE:

SIGNATURE REVISED

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

Date

Deputy Phone #

C012083 (0/03)