

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2003 8:00 am
Secretary of State

7/31/02

07-31-2003 90046 010 ****50.00

DOCUMENT # L02000030460

i. Entity Name

JROLOGICAL CENTER, L.L.C.



Principal Place of Business

625 S.E. 3RD AVE
T. LAUDERDALE FL 33321

Mailing Address

1625 S.E. 3RD AVE
FT. LAUDERDALE FL 33321

55054134



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
161639537

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GALLEGOS, MARK S
515 EAST LAS OLAS BLVD STE. 1400
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name **William B. Eck**
Street Address (P.O. Box Number is Not Acceptable)
1221 Brickell Ave.
City **Miami, FL** Zip Code **33131**

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/24/2003

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	MGR KNIGHT, MARK 1625 S.E. 3RD AVE FT. LAUDERDALE FL 33321	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANGLEY, BEVERLY 1625 S.E. 3RD AVE FT. LAUDERDALE FL 33321	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALLACE, ART 1625 S.E. 3RD AVE FT. LAUDERDALE FL 33321	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCELDOWNEY, FRANK 1625 S.E. 3RD AVE FT. LAUDERDALE FL 33321	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	mgr. Deborah O'Connor 1625 SE 3rd Ave Suite 800 Ft. Lauderdale, FL 33321	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	mgr. Christopher Lloyd 1625 SE 3rd Ave Suite 800 Ft. Lauderdale, FL 33321	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	mgr. Pauline Grant 1625 SE 3rd Ave Suite 800 Ft. Lauderdale, FL 33321	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chair, mgr. Marshall Kaplan, MD 1625 SE 3rd Ave Suite 800 Ft. Lauderdale, FL 33321	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	mgr. Louis Vogel, MD 1625 SE 3rd Ave Suite 800 Ft. Lauderdale, FL 33321	☐ Change ☒ Addition
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:

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

Date

Daytime Phone #

CR2E083 (4/03)