

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 14, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90035 028 \*\*\*\*50.00

DOCUMENT # L03000020020

1. Entity Name  
UNIVERSITY MEDICAL MANAGEMENT SERVICES LLC



Principal Place of Business

C/O MICHAEL ELLIOT  
605 OCEAN DR. #11-L  
KEY BISCAINE, FL 33149

Mailing Address

C/O MICHAEL ELLIOT  
605 OCEAN DR. #11-L  
KEY BISCAINE, FL 33149



01042005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

ROBERTS, NORMAN T  
50 WEST MASHTA DR., STE. 4  
KEY BISCAINE, FL 33149

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRD
NAME	ELLIOTT, MICHAEL S
STREET ADDRESS	605 OCEAN DR. APT. 11-L
CITY-ST-ZIP	KEY BISCAINE, FL 33149
TITLE	D
NAME	HINDIN, DEBBIE
STREET ADDRESS	911 THATCHER
CITY-ST-ZIP	RIVER FOREST, IL 60305
TITLE	D
NAME	ELLIOTT, BILLY BENJAMIN
STREET ADDRESS	605 OCEAN DRIVE APT. 11-L
CITY-ST-ZIP	KEY BISCAINE, FL 33149
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

*Michael S. Elliott*

MICHAEL S. ELLIOTT 11 JAN 05 305 3612433

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

Date

Daytime Phone #