

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90127 019 ****50.00

| | | | | | |
|--|---|--|---|---|--|
| DOCUMENT # L03000020020 1. Entity Name UNIVERSITY MEDICAL MANAGEMENT SERVICES LLC | | | | | |
| Principal Place of Business 1250 S MIAMI AVE #2407 MIAMI, FL 33130 | | | Mailing Address 1250 S MIAMI AVE #2407 MIAMI, FL 33130 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | |
| 4. FEI Number NOT APPLICABLE | | | Applied For Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | 01162006 Chg-LLC CR2E083 (11/05) | | |
| 6. Name and Address of Current Registered Agent ROBERTS, NORMAN T 50 WEST MASHTA DR., STE. 4 KEY BISCAYNE, FL 33149 | | | | 7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renewing)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRD ELLIOTT, MICHAEL S. 605 OCEAN DR. APT. 11-L KEY BISCAYNE, FL 33149 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRD ELLIOTT, MICHAEL S. 1250 S. MIAMI AVE #2407 MIAMI, FL. 33130 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HINDIN, DEBBIE 911 THATCHER RIVER FOREST, IL 60305 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR HARDY Ledge 1250 S. MIAMI AVE. #2407 MIAMI, FL. 33130 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ELLIOTT, BILLY BENJAMIN 605 OCEAN DRIVE APT. 11-L KEY BISCAYNE, FL 33149 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR ELLIOTT, BILLY BENJAMIN 1250 S. MIAMI AVE. #2407 MIAMI, FL. 33130 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: | | | 25 Feb 2006 828-963-9309 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <small>Date Daytime Phone #</small> | | |