

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90002 016 ****50.00

DOCUMENT # L03000044121

1. Entity Name
BUSINESS INSURANCE ASSOCIATES, LLC



Principal Place of Business
**100 SECOND AVE. SOUTH
SUITE 901S
ST. PETERSBURG, FL 33701 US**

Mailing Address
**100 SECOND AVE. SOUTH
SUITE 901S
ST. PETERSBURG, FL 33701 US**

24067685



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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

02122004 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0387728

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 | |
| SPECTOR GADON & ROSEN, LLP 360 CENTRAL AVENUE SUITE 1550 ST. PETERSBURG, FL 33701 | | 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]* (NOTE: Registered Agent signature required when reinstating) DATE

| | |
|---|--|
| Filing Fee is \$50.00 Due by May 1, 2004 | Make check payable to Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SENIOR HEALTH MANAGEMENT, LLC <input checked="" type="checkbox"/> Delete 100 SECOND AVENUE SOUTH SUITE 901S ST. PETERSBURG, FL 33701 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BART WYATT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 100 SECOND AVE SOUTH, STE 901S ST. PETERSBURG, FL 33701 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MURPHY, JAMES R <input type="checkbox"/> Delete 100 SECOND AVENUE SOUTH SUITE 901S ST. PETERSBURG, FL 33701 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR JOYCE KAROLESKA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 100 SECOND AVE SOUTH, STE 901S ST. PETERSBURG, FL 33701 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PUTARO, ANTHONY <input type="checkbox"/> Delete 100 SECOND AVENUE SOUTH SUITE 901S ST. PETERSBURG, FL 33701 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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]* **Bart Wyatt** 04/26/04 727 824-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #