

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90075 041 ****50.00

DOCUMENT # L04000063762



1. Entity Name
POLK UNITED MEDICAL ASSOCIATION LLC

Principal Place of Business
**2699 LEE ROAD, SUITE 100
WINTER PARK, FL 32789**

Mailing Address
**2699 LEE ROAD, SUITE 100
WINTER PARK, FL 32789**

20034910



2. Principal Place of Business

2239 NORTH BLVD W

3. Mailing Address

2239 NORTH BLVD W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072005 Chg-LLC CR2E083 (10/03)

City & State

DAVENPORT FL

City & State

DAVENPORT FL

4. FEI Number

20-1776207

Applied For

Not Applicable

Zip

33837

Country

USA

Zip

33837

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AM&E SERVICES LLC
801 N. MAGNOLIA AVENUE, SUITE 201
ORLANDO, FL 32802**

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

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☒ Addition
**MANAGING MEMBER
CLAUDIO MANUEENS
6235 SOUTH HAMPSHIRE CT.
WINDERMERE FL 34786**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP ☐ Change ☐ Addition

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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 #