

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**

2006 JUL 11 AM 8:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BH

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000107020
1. Entity Name ZABOL MEDICAL, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 8726 Hickorywood Lane Suite, Apt. #, etc.	3. Mailing Address 8726 Hickorywood Lane Suite, Apt. #, etc.
City & State Tampa, Florida	City & State Tampa, Florida
Zip 33615	Country

4. FEI Number 22-3917963	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

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

Name Spiegel & Utrera, P.A.
Street Address (P.O. Box Number is Not Acceptable) 1840 Coral Way, 4th Floor
City Miami
FL
Zip Code 33145

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.

DATE

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Lacitignola, Frank 8726 Hickorywood Lane, Tampa, FL 33615	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Blottman, James F. 8726 Hickorywood Lane, Tampa, FL 33615	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400077535734 07/14/06--01051--018 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Blottman, James F. 8726 Hickorywood Lane, Tampa, FL 33615	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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CR2E083B (12/02)

1. 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]*

Frank Lacitignola, Mgr.

7/7/06

83-389-6419

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

Date

Daytime Phone #