

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91552 023 ****50.00

DOCUMENT # L95000000539

1. Entity Name

DR. Q & ASSOCIATES, L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5143 COMMERCIAL WAY

Suite, Apt. #, etc.

3. Mailing Address

5143 COMMERCIAL WAY

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SPRING HILL, FL

City & State

SPRING HILL, FL

4. FEI Number

59-3287930

Applied For

Not Applicable

Zip

34606

Country

Zip

34606

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

KIERZYNSKI, MICHAEL J.

Street Address (P.O. Box Number is Not Acceptable)

5143 COMMERCIAL WAY

City

SPRING HILL,

FL

Zip Code

34606

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME

MGR
CRAM, WILLIAM J.
5143 COMMERCIAL WAY
SPRING HILL, FL 34606

STREET ADDRESS
CITY-ST-ZIP

TITLE
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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: X

William J. Cram

WILLIAM J. CRAM

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

April 16, 2002

Date

Daytime Phone #

416-256-5556