

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAR -2 AM 10:42

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FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # L97000000383

MEDICAL UTILIZATION REVIEW ASSOCIATES, L.L.C.
815 NW 57TH AVE., STE. 114
MIAMI FL 33126

1a. Principal Place of Business Address

815 NW 57TH AVE., STE. 114
MIAMI FL 33126

2. Principal Place of Business
7650 Corporate Center Dr

2a. Mailing Address
7650 Corporate Center Dr

3. Date Organized or Qualified

3a. State of Formation

04/01/1997

FL

Suite, Apt. #, etc.
Suite 400

Suite, Apt. #, etc.
Suite 400

4. FEI Number

65-0774590

☐ Applied For

☐ Not Applicable

City & State

City & State

Miami FL

Miami FL

Zip

Country

Zip

Country

33126

33126

5. Date of Last Report,

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

LEHMAN, JODY
8900 N. KENDALL DRIVE
MIAMI FL 33176

Name

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

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

DATE

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	GONZALEZ-ARIAS, SERGIO	815 NW 57TH AVE., STE. 114 7650 Corporate Center Dr, Ste 400	MIAMI FL, 33126
MGRM	KEELEY, BRIAN E	815 NW 57TH AVE., STE. 114 7650 Corporate Center Dr, Ste 400	MIAMI FL, 33126
MGRM	LAWSON, RALPH E	815 NW 57TH AVE., STE. 114 7650 Corporate Center Dr, Ste 400	MIAMI FL, 33126
MGRM	CALDERIN, CAROLINA	815 NW 57TH AVE., STE. 114 7650 Corporate Center Dr, Ste 400	MIAMI FL, 33126
MGRM	MORA, MICHAEL J	815 NW 57TH AVE., STE. 114 7650 Corporate Center Dr, Ste 400	MIAMI FL, 33126

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****188.75 ****188.75

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

Carol Calderin

2/26/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #