

# 2000 UNIFORM BUSINESS REPORT (UBR)

0002306 AF

DOCUMENT # L97000000383

1. Entity Name

MEDICAL UTILIZATION REVIEW ASSOCIATES, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 10 AM 9:30

Principal Place of Business

7650 CORPORATE CENTER DR. SUITE 400  
MIAMI FL 33126

Mailing Address

7650 CORPORATE CENTER DR. SUITE 400  
MIAMI FL 33126-1220



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0774590

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WEISS, RICHARD  
7650 CORPORATE CENTER DR, SUITE 400  
MIAMI FL 33126

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM GONZALEZ-ARIAS, SERGIO  
STREET ADDRESS 7650 CORPORATE CENTER DR, SUITE 400  
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE NAME MGRM KEELEY, BRIAN E  
STREET ADDRESS 7650 CORPORATE CENTER DR, SUITE 400  
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE NAME MGRM LAWSON, RALPH E  
STREET ADDRESS 7650 CORPORATE CENTER DR, SUITE 400  
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE NAME MGRM CALDERIN, CAROLINA  
STREET ADDRESS 7650 CORPORATE CENTER DR, SUITE 400  
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE NAME MGRM MORA, MICHAEL J  
STREET ADDRESS 7650 CORPORATE CENTER DR, SUITE 400  
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 6000031485.66-1  
CITY-ST-ZIP -02/28/00--01002--004  
\*\*\*\*250.00 \*\*\*\*250.00

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

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

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

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

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 REQUIRED*

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

2/4/00

Date

305-599-0839

Daytime Phone #

CR2E083 (9/99)