2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9700000383 MEDICAL UTILIZATION REVIEW ASSOCIATES, L.L.C. Principal Place of Business					FILED OI MAR 12 AM SECRETARY OF TALLAHASSEE.F	1 9: 29 STATE LORIDA	
2. Principal Place of Business 3. Mailing Address			•				
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State City & State					Humber 65-0774590	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certi	ficate of Status Desired	\$5.00 Additional Fee Required	
6. Nai	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
The second of th				_ Name			
WEISS, RICHARD 7650 CORPORATE	Street A	ddress (P.O. Box N	lumber is Not Acceptable)				
MIAMI FL 33126		-					
•			City		FI	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							
	f the second	Make Check Paye	· -(-				
9.	MANAGING MEMBER		10. TITLE		ADDITIONS/CHANGES		
STREET ADDRESS 7650 C	GONZALEZ-ARIAS, SERGIO			MGRM Change A Addition LOURDES SANJENIS 7650 Corporate Center Dr. Ste 400 Miami, Fl. 33126			
STREET ADDRESS 7650 C	KEELEY, BRIAN E 7650 CORPORATE CENTER DR. SUITE 400			MGRM Change R Addition ORLANDO MORA 7650 Corporate Center Dr. Ste 400 Miami, Fl. 33126			
TITLE MGRM NAME LAWSC STREET ADDRESS 7650 C	IN, RALPH E - ORPORATE CENTER DR, S FL 33126	·	TITLE _NAME _STREET ADDRESS CITY-ST-ZIP	MGRM ROBERTO 7650 Co	TEJIDOR	□ Change 反 Addition Dr. Ste 400	
TITLE MGRM NAME CALDEL STREET ADDRESS 7650 C	RIN, CAROLINA ORPORATE CENTER DR, S FL 33126	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		400003854	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM MORA, 7650 C MIAMILI	MICHAEL J ORPORATE CENTER DR, S FL 33126		TITLE NAME STREET ADDRESS CITY-ST-ZIP		-03/15/01- *****50.00	01161 - CL13 - ************************************	
TITLE NAME STREET ADDRESS		√ □ Delete	TITLE I NAME STREET ADDRESS	,		☐ Change ☐ Addition	

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

3-5-2001 305-599-0939

Date Daytime Phone #