

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90055 044 ****50.00

DOCUMENT # L97000000863

1. Entity Name

DADEMED, L.C.

Principal Place of Business

**1200 S. PINE ISLAND RD.
 SUITE 320
 PLANTATION FL 33324**

Mailing Address

**1200 S. PINE ISLAND RD.
 SUITE 320
 PLANTATION FL 33324**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0774920

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KTG & S REGISTERED AGENT CORP.
 100 S.E. SECOND STREET
 SUITE 2800
 MIAMI FL 33131**

Name **William J. Spratt, Jr.**

C/O Kirkpatrick & Lockhart, LLP

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

201 South Biscayne Blvd. - 20th Floor

City **miami**

FL

Zip Code **33131**

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
 NAME **MGR**
 STREET ADDRESS **MELLA, JUAN MD**
 CITY-ST-ZIP **8950 N. KENDALL DR.
 MIAMI FL**

TITLE ☐ Change ☒ Addition
 NAME **MGR**
 STREET ADDRESS **Roberto Santiesteban, M.D.**
 CITY-ST-ZIP **8950 N. Kendall Dr., #402 W
 miami, FL 33176**

TITLE ☐ Delete
 NAME **MGR**
 STREET ADDRESS **BARRERA, CARLOS MD**
 CITY-ST-ZIP **7400 N. KENDALL DR., #507
 MIAMI FL 33156**

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

TITLE ☐ Delete
 NAME **MGR**
 STREET ADDRESS **BRETON, CRISTIAN MD**
 CITY-ST-ZIP **7400 S.W. 88TH ST
 MIAMI FL 33156**

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

TITLE ☐ Delete
 NAME **MGR**
 STREET ADDRESS **BAYLESS, THOMAS R**
 CITY-ST-ZIP **1200 S PINE ISLAND ROAD, #320
 PLANTATION FL 33324**

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

TITLE ☐ Delete
 NAME **MGR**
 STREET ADDRESS **SOBRADO, JAVIER MD**
 CITY-ST-ZIP **8525 SW 92ND ST.
 SOUTH MIAMI FL**

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

TITLE ☐ Delete
 NAME **MGR**
 STREET ADDRESS **VITIELLO, MARCO**
 CITY-ST-ZIP **7575 SW 82ND AVE #B
 MIAMI FL 33143**

TITLE ☐ Change ☐ Addition
 NAME
 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:

Thomas R. Bayless

(954) 236-5311

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

Date

Daytime Phone #

CR2E083 (9/01)