

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90094 044 \*\*\*\*50.00

**DOCUMENT # L97000001286**

1. Entity Name

**CDISC OF FLORIDA, L.C.**

Principal Place of Business

**8031 PHILIPS HIGHWAY, SUITE 8  
 JACKSONVILLE FL 32256**

Mailing Address

**8031 PHILIPS HIGHWAY, SUITE 8  
 JACKSONVILLE FL 32256**

00042007

2. Principal Place of Business

**8475 Western Way  
 Suite 150**

3. Mailing Address

**8475 Western Way  
 Suite 150**



DO NOT WRITE IN THIS SPACE

City & State  
**Jacksonville FL**  
 Zip  
**32256**  
 Country

City & State  
**Jacksonville, FL**  
 Zip  
**32256**  
 Country

4. FEI Number **59-3479218**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**LINDELL, J. MICHAEL ESQ  
 233 E. BAY STREET, SUITE 620  
 JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name  
**LINDELL, J. MICHAEL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**12276 San Jose Blvd**  
**SUITE 126**  
 City  
**JACKSONVILLE** FL Zip Code  
**32223**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM TATUM, W. JOSEPH 8031 PHILIPS HIGHWAY, SUITE 8 JACKSONVILLE FL 32256</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM QUALITY RESPONSE SERVICES, INC., 8031 PHILIPS HIGHWAY, SUITE 8 JACKSONVILLE FL 32256</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM TATUM, W. JOSEPH 8475 WESTERN WAY, SUITE 150 JACKSONVILLE, FL 32256</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM QUALITY RESPONSE SERVICES, INC. 8475 WESTERN WAY, SUITE 150 JACKSONVILLE, FL 32256</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Douglas L. Pulla***

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

**2-27-02 904/519/9225**

Date

Daytime Phone #

CR2E083 (9/01)