

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000354

1. Entity Name

UNITRUST MEDICAL MANAGEMENT ASSOCIATES, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 19 PM 4:29

Principal Place of Business

13601 Bruce B. Downs
Suite 311
Tampa, FL

Mailing Address

13601 Bruce B. Downs
Suite 311
Tampa, FL

2. Principal Place of Business

13601 Bruce B. Downs

3. Mailing Address

13601 Bruce B. Downs

Suite, Apt. #, etc.

Suite 311

Suite, Apt. #, etc.

Suite 311

City & State

Tampa, FL

City & State

Tampa, FL

DO NOT WRITE IN THIS SPACE

Zip

33613

Country

Zip

33613

Country

4. FEI Number

59-3502811

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~BARKER, JAMES H D O~~
13124 N. FLORIDA AVENUE
TAMPA FL 33612

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 UCH SERVICES, INC ☒ Delete
STREET ADDRESS 3100 EAST FLETCHER AVENUE
CITY-ST-ZIP TAMPA FL 33613

TITLE NAME UNIVERSITY COMMUNITY ☒ Delete
STREET ADDRESS INDEPENDENT PRACTICE ASSOC.
CITY-ST-ZIP 13601 BRUCE B. DOWNS BLVD. STE 311
TAMPA FL 33613

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
600003302206--6
-06/23/00-01014-010 Addition
*****50.00 *****50.00

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

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

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (11/99)