

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000354

1. Entity Name
UNITRUST MEDICAL MANAGEMENT ASSOCIATES, L.C.

FILED

01 APR 23 PM 5:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
13601 BRUCE B DOWNS
SUITE 311
TAMPA FL 33613

Mailing Address
13601 BRUCE B DOWNS
SUITE 311
TAMPA FL 33613



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

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

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

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGR
UCH SERVICES, INC.
STREET ADDRESS 3100 EAST FLETCHER AVE.
CITY-ST-ZIP TAMPA FL 33613-4688

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

TITLE NAME ☐ Delete
MGR
UNIVERSITY COMMUNITY INDEPENDENT PRACTICE
STREET ADDRESS 13601 BRUCE B DOWNS, STE. 311
CITY-ST-ZIP TAMPA FL 33613

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

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ 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: James H. Barker, D.O.

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

Date

Daytime Phone #

4/18/01 (813) 932-5389

CR2E083 (11/00)