LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

07-01-2002 90355 002 ****50.00
L98000003354

DOCUMENT # L98000000354

1. Entity Name
UNITRUST MEDICAL MANAGEMENT ASSOCIATES, LC

FILED
2002 JUL 18 AM 8:11
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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2. Principal Place of Business	3. Mailing Address
3100 E FLETCHER AVENUE	3100 E FLETCHER AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FL	City & State: TAMPA FL
Zip: 33613	Zip: 33613
Country	Country

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4. FEI Number — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: JAMES H. BARKER, DO
Street Address (P.O. Box Number is Not Acceptable): 13124 N FLORIDA AVENUE
City: TAMPA FL Zip Code: 33612

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.
DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
MGR UCH SERVICES, INC. 3100 E FLETCHER AVENUE TAMPA FL 33613	
MGR UNIVERSITY COMMUNITY INDEPENDENT PRACTICES ASSOCIATES 13124 N FLORIDA AVE. TAMPA, FL 33612	

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CR2E083B (12/01)

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: Calvin C. Gladney Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER OR MANAGER

6-25-02