

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3100 E FLETCHER AVENUE

Suite, Apt. #, etc.

3. Mailing Address

3100 E FLETCHER AVENUE

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33613

Country

Zip

33613

Country

4. FEI Number

Applied For

Not Applicable

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

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

**DO NOT WRITE
IN THIS SPACE**

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	MGR UCH SERVICES, INC. 3100 E FLETCHER AVENUE TAMPA FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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. Slidewell Jr.*

6-25-02 813-116-3300