

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000354	
1. Entity Name UNITRUST MEDICAL MANAGEMENT ASSOCIATES, L.C.	



FILED
03 MAY -2 PM 12:20
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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3502811		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR UCH SERVICES, INC. 3100 EAST FLETCHER AVE. TAMPA, FL 336134689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600017896476 05/02/03--01056--026 **50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR UNIVERSITY COMMUNITY INDEPENDENT PRACTICE 13601 BRUCE B DOWNS, STE. 311 TAMPA, FL 33613 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: Calvin E. Edwards Jr. 4/29/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Cayman Phone #

CR2E083 (10/02)