

FILED

02 APR 29 AM 11:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L98000000438

1. Entity Name

United Medical Services LC**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1333 N. Duval St.

3. Mailing Address

1333 N. Duval St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Tallahassee, FLCity & State  
Tallahassee, FL

4. FEI Number

Applied For  
☒ Not ApplicableZip  
32302

Country

Zip  
32302

Country

5. Certificate of Status Desired ☐\$5.00 Additional  
Fee Required**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Florida Filing & Search Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

1333 N. Duval St.

City

Tallahassee

FL

Zip Code

32302

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.

4/24/02  
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-ZIPMGR  
Philip Mark Croshaw  
The Avenue, Sark  
Channel IslandsTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPMGR  
James William Grassick  
La Collette, Sark  
Channel IslandsTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
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CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Janet M. Caruccio

Auth. Rep.

4-24-02

302-421-5750

Date

Daytime Phone #

CR2E083B (12/01)

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**PH: (850) 668-4318 FX: (850) 668-3398**

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DATE: 04-29-02

ACCOUNT NO: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

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*Abbie Hodge*

TYPE OF FILING: UNIFORM BUSINESS REPORTS

NAME: 34 LIMITED LIABILITY COMPANIES

SPECIAL INSTRUCTIONS: NONE

*\$1700.00*

*~~RECEIVED~~*

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02 APR 29 PM 1:08  
DIVISION OF CORPORATION