

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90019 028 \*\*\*\*50.00

**DOCUMENT # L98000000447**

1. Entity Name  
**DELTA MEDICAL CARE MANAGEMENT, L.C.**



Principal Place of Business  
**10806 US 19  
STE. 102  
PORT RICHEY FL 34668**

Mailing Address  
**10806 US 19  
STE. 102  
PORT RICHEY FL 34668**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**2435 US 19 Ste 450**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**Holiday FL**  
Zip  
**34691**

City & State

4. FEI Number **59-3510770**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**KHAN, HAIDER A M.D.  
10806 US HIGHWAY 19, SUITE 102  
PORT RICHEY FL 34668**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**2435 US 19 Ste 450**  
**Holiday**  
City  
**FL** Zip Code  
**34691**

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 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR MITCHUM, GRAHAM L 10806 US HIGHWAY 19, SUITE 102 PORT RICHEY FL 34668	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR WOODS, JOHN 10806 US 19 PORT RICHEY FL 34668	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KHAN, HAIDER 10806 US 19 PORT RICHEY FL 34668	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR KHAN, SABIHA 10806 US 19 PORT RICHEY FL 34668	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR MITCHUM, GRAHAM L 2435 US 19 Ste 450 Holiday FL 34691	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR WOODS, JOHN 2435 US 19 Ste 450 Holiday FL 34691	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KHAN, HAIDER 2435 US 19 Ste 450 Holiday FL 34691	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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)(f), 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

**Haider A Khan**  
**Manager**

**1/28/03**  
Date

**727 868 8373**  
Daytime Phone #

CR2E083 (10/02)