

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000000609**

1. Entity Name  
2096 EAST OCEAN BOULEVARD, L.C.

**FILED**

*WR 3/21*

00 MAR -8 PM 12:47

SECRETARY OF STATE  
TALLAHASSEE-FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 2096 SOUTHEAST OCEAN BLVD. STUART FL 34996  
Mailing Address: 21 SOUTHEAST HARBOR POINT DRIVE STUART FL 34996-1347

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	65-0841296	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$5.00 Additional Fee Required	<input type="checkbox"/>

6. Name and Address of Current Registered Agent  
**SPRINKLE, PHILIP M II**  
400 FLAMINGO AVE.  
STUART FL 34996

7. Name and Address of New Registered Agent  
Name: *Edwin E. Martell*  
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.  
SIGNATURE: *Edwin E. Martell* (NOTE: Registered Agent signature required when reinstating) DATE: *2/20/00*

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		<input type="checkbox"/> Delete
TITLE NAME	MGRM SURGERY CENTER OF STUART, INC.	<input type="checkbox"/>
STREET ADDRESS	21 SOUTHEAST HARBOR POINT DRIVE	
CITY- ST- ZIP	STUART FL 34996	
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY- ST- ZIP		

10. ADDITIONS/CHANGES		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME	700003187697-5	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	-03/29/00--01005--024		
CITY- ST- ZIP	*****50.00 *****50.00		
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY- ST- ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY- ST- ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY- ST- ZIP			

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: *Edwin E. Martell* **REQUIRED** DATE: *2-24-00* DAYTIME PHONE #: *561-223-0174*