

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90134 049 ****50.00

DOCUMENT # L98000000609

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

Principal Place of Business
**2096 SOUTHEAST OCEAN BLVD.
 STUART FL 34996**

Mailing Address
**21 SOUTHEAST HARBOR POINT DRIVE
 STUART FL 34996**

2. Principal Place of Business

3. Mailing Address
31 SE Harbor Point Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Stuart FL

4. FEI Number **65-0841296**

Applied For
 Not Applicable

Zip Country

Zip Country
34996 USA

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARATTA, ROBERT O II
 21 SE HARBOR POINT DR.
 STUART FL 34996**

Name
 Street Address (P.O. Box Number is Not Acceptable)
31 SE HARBOR POINT DRIVE
 City **Stuart** FL Zip Code **34996**

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 **ROBERT O. BARATTA**

Robert Baratta

DATE **4-15-02**

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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		31 SE HARBOR POINT DR.	STUART, FL 34996	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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: *Robert O. Baratta* **ROBERT O. BARATTA**

DATE **4-15-02** DAYTIME PHONE # **772-223-0174**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE

DAYTIME PHONE #

CR2E083 (9/01)