

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001876

1. Entity Name
FLORIDA ANEURYSM AND ENDOVASCULAR INSTITUTE, L.C

Principal Place of Business
400 SOUTH MAITLAND DRIVE
MAITLAND FL 32751

Mailing Address
400 SOUTH MAITLAND DRIVE
MAITLAND FL 32751-5619

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

59-327890
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCLANE, J. BROCK
1221 WEST COLONIAL DRIVE, SUITE 200
ORLANDO FL 32804

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.

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 Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME ADCKOCK, G. KENDRICK M.D.
STREET ADDRESS 700 WESTWIND COURT
CITY- ST- ZIP MAITLAND FL 32751

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE MGR ☐ Delete
NAME WINTER, ROBERT P M.D.
STREET ADDRESS 131 STONEHILL DRIVE
CITY- ST- ZIP MAITLAND FL 32751

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ Change ☐ Addition
NAME
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

FILED
00 MAR 13 PM 2:50
SECRETARY OF STATE
TALLAHASSEE

DO NOT WRITE IN THIS SPACE

CR2E083 (9/99)

dec

407-539-2100