

2001 UNIFORM BUSINESS REPORT (UBR)

0004780 AF

DOCUMENT # L98000001876

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

FILED

01 FEB -5 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
400 SOUTH MAITLAND DRIVE
MAITLAND FL 32751

Mailing Address
400 SOUTH MAITLAND DRIVE
MAITLAND FL 32751

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3627890

Applied For
Not Applicable

Zip

Country

Zip

Country

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-30-01

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

200003672952--1
-02/09/01--01096--011
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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

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

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

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-30-01

407-539-2100

CR2E083 (11/00)