

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90025 048 ****50.00

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**

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 **59-3627890**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name - **B. HENDRIX ADLOCK**

Street Address (P.O. Box Number is Not Acceptable)

700 WESTWIND CT

City **MAITLAND**

FL

Zip Code **32751**

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

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

☐ Delete

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

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10. ADDITIONS/CHANGES

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 CITY-ST-ZIP

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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

Date

Daytime Phone #

CR2E083 (9/01)

0002416