2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002687

1. Entity Name

Rodriguez & Grant, L.C.

FILED

01 JUN 13 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400004460764--2
-07/05/01--01106--016
*****50.00 *****50.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
2928 Daniels Street	2928 Daniels Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MARIANNA, FLORIDA	City & State: MARIANNA, FLORIDA
Zip: 32446 Country: USA	Zip: 32446 Country: USA

4. FEI Number: 59-3562320 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALAN COHN, ESQ.
2021 Tyler Street
Hollywood, Florida 33022

7. Name and Address of ~~New~~ Registered Agent

Name: William J. Grant

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

2928 Daniels Street

City: MARIANNA FL Zip Code: 32446

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: William J. Grant-RA William J. Grant 4-27-01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER William J. Grant, MGMR PO Box 6399 MARIANNA, FLORIDA 32447	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER Horacio J. Rodriguez-Jimenez, MD 2928 DANIELS ST MARIANNA, FLORIDA 32446	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E083 (11/00)

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.

$50-
$26-
$55-

SIGNATURE: William J. Grant William J. Grant 4-27-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #