

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -3 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000003179

1. Entity Name
MEDICAL RESEARCH ASSOCIATES, L.L.C.

Principal Place of Business
497 CRYSTAL BEACH AVE
CRYSTAL BEACH FL 34681

Mailing Address
P.O. BOX 562
PALM HARBOR FL 34682-0562



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3023 Eastland Blvd.
Suite, Apt. #, etc.
Suite 108 (Building H)
City & State
Clearwater, FL
Zip
33761
Country
USA

3. Mailing Address
3023 Eastland Blvd.
Suite, Apt. #, etc.
Suite 108 (Building H)
City & State
Clearwater, FL
Zip
33761
Country
USA

4. FEI Number
59-3546953

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
REYNOLDS, HAROLD L JR
497 CRYSTAL BEACH AVE
CRYSTAL BEACH FL 34681

7. Name and Address of New Registered Agent
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 _____ (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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	REYNOLDS, HAROLD L		STREET ADDRESS	
CITY- ST- ZIP	P.O. BOX 562		CITY- ST- ZIP	
CITY- ST- ZIP	PALM HARBOR FL 34682		CITY- ST- ZIP	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, BEVERLY C		NAME	
STREET ADDRESS	P.O. BOX 562		STREET ADDRESS	
CITY- ST- ZIP	PALM HARBOR FL 34682		CITY- ST- ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY- ST- ZIP			CITY- ST- ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS	
CITY- ST- ZIP			CITY- ST- ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY- ST- ZIP			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)(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] 4/28/00 (727) 793-9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)