

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003179

1. Entity Name

MEDICAL RESEARCH ASSOCIATES, L.L.C.

FILED

01 APR 30 PM 5:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3023 EASTLAND BLVD., SUITE 108, BLDG. H
CLEARWATER FL 33761

Mailing Address

P.O. BOX 562
PALM HARBOR FL 34682

2. Principal Place of Business

3. Mailing Address

3023 Eastland Blvd.

Suite, Apt. #, etc.

Ste 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

DO NOT WRITE IN THIS SPACE

MJH

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

Harold Reynolds Jr.

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

3023 Eastland Blvd.

City

Ste. 108, Building H

City

Clearwater,

FL

Zip Code

33761

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
REYNOLDS, HAROLD L
P.O. BOX 562
PALM HARBOR FL 34682 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
REYNOLDS, BEVERLY C
P.O. BOX 562
PALM HARBOR FL 34682 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
100004220411-4
-05/16/01--01097--006
*****50.00 *****50.00

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/24/01 (727) 793-9500

CR2E08341100