2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9800003270



Apr 14, 2003 8:00 am Secretary of State

NAME PATRICIA W. GOLDBLATT, M.D., P.A. NAME STÆET ADDRESS P.O. BOX 147006 STÆET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32614-7006 CITY-ST-ZIP		di Asso	CIATES OF NORT	TH FLORIDA, P.L.								
Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Country Zip Country S. Certificate of Status Desired Sectional Fee Required 6. Name and Address of Current Registered Agent To Name and Address of New Registered Agent To Name and A	6500 WEST NEWBERRY ROAD			P.O. BOX 147006								
City & State Country Country Country S. Certificate of Status Desired \$5.00 Additional Fee Required Street Address of New Registered Agent Name ROLDBLATT, PATRICIA W MD, PA NORTH FLORIDA REGIONAL MEDICAL CENTER 6500 WEST NEWBERRY ROAD GAINESVILLE FL 32605 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and the if applicable. Note: Registered Agent signature required when reliableing) PATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS TITLE: NAME PATRICIA W. GOLDBLATT, M.D., P.A. TITLE: NAME PATRICIA W. GOLDBLATT, M.D., P.A. STREET ADDRESS CAINESVILLE FL 32614-7006 CITY-ST-Zip GAINESVILLE FL 32614-7006	2. Principal Place of Business			3. Mailing Address	3. Mailing Address							
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 7. Name and Addres				Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
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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 frue 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

Date

Daytime Phone #