2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L9800003382 1. Entity Name MANUEL G. JAIN, M.D., L.L.C.						FILED			
	·					00 MAR 24 AM I	1: 21		
Principal Place of Business Mailing Address									
105 S. DIXIE DRIVE 105 S. DIXIE DRIVE HAINES CITY FL 33844 HAINES CITY FL 33844-2844					SECRETARY OF STATE TALLAHASSEE, FLORIDA				
HAINES CITY FL 33844 HAINES CITY FL 33844-2844									
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2. Principal Place of Business 3. Mailing Ad						1889 1849 1849 1840 1840 1840 1840 1840 1840 1840 1840 1840 1840 1840 1840 184	iiti maraa iiba sirat	JB)(8 (18) (89)	
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE				
City & State		City & State	City & State		4. FEIN	4. FEI Number 59-3557527 Applied For Not Applicable			
Zip	Country	Zip	Country		5Certi	5. Certificate of Status Desired			
	6. Name and Address of Curre	nt Registered Agent	•	Nama	7. Nam	e and Address of New Register	ed Agent		
JAIN, MANUEL G				Name					
1488 N. LAKE MIRROR DR., NW				Street Address (P.O. Box Number is Not Acceptable)					
WINTER HAVEN FL 33880									
				City	•	F	Zip Code	е	
8. The above	named entity submits this statemen	t for the purpose of changing it	ts registere	ed office or regist	tered agent,	or both, in the State of Florida.			
						· ·			
SIGNATURE .	Signature, typed or printed name of registered ag	ent and title if applicable (NC	TE: Registere	d Agent signature requi	red when reinstat	ng) DAT	E		
		FILE N	Mowiii i	- FEE IS \$50.00	n				
		Make Check P				·		}	
9.	MANAGING MEI	MBERS/MEMBERS	10.		•	ADDITIONS/CHANG			
TITLE NAME	MGRM Jain, Manuel G	☐ Delets	TITL				Change	Addition	
STREET ADDRESS CITY-ST-ZIP	1488 N. LAKE MIRROR DR., N WINTER HAVEN FL 33880	W	STRI	EET ADDRE88 - St- Zip					
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CITY-BT-ZIP				- \$T-ZIP					
11. I hereby of indicated	certify that the information supplied to on this report is true and accurate a	with this filing does not qualify fund that my signature shall hav	or the exe e the same	mption stated in e legal effect as i	Section 119. f made unde	07(3)(i), Florida Statutes. I further roath; that I am a managing me	certify that the in mber or manage	nformation er of the	

EMANUELOG. Jain M.D. Moul so Joo 863-422 85