

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000230

1. Entity Name
IRA OF NORTH TAMPA, L.L.C.

Principal Place of Business
600 CLEVELAND STREET, SUITE 910
CLEARWATER FL 33755

Mailing Address
600 CLEVELAND STREET, SUITE 910
CLEARWATER FL 33755-4160

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

Zip Country Zip Country

AND
FILED
00 MAR 29 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

rf 417



DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COUGHLIN, SEAN P
600 CLEVELAND STREET, SUITE 910
CLEARWATER FL 33755

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 _____
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	<input type="checkbox"/> Delete
	MGR	INDEPENDENT RENAL ASSOCIATES, INC.	600 CLEVELAND STREET, SUITE 910 CLEARWATER FL 33755	

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Sean P. Coughlin REQUIRED
Sean P. Coughlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/23/00 727-443-4770
Date Daytime Phone #

CR2E083 (9/99)