

2000 UNIFORM BUSINESS REPORT (UBR)

083100

DOCUMENT # L99000000567

1. Entity Name

FLORIDA PHYSICIANS RESEARCH ASSOCIATES, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP -5 AM 10:02

Principal Place of Business

253 LINKSIDE CIRCLE
PONTE VEDRA BEACH FL 32082

Mailing Address

253 LINKSIDE CIRCLE
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business

4004 University Blvd S
Suite, Apt. #, etc.

3. Mailing Address

4004 University Blvd S
Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

Applied For

Not Applicable

Zip

32216

Country

Zip

32216

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KOREN, MICHAEL J M.D.

253 LINKSIDE CIRCLE

PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name

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

4004 University Blvd S

City

Jacksonville

FL

Zip Code

32216

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)

300003380353-3

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

-09/13/00--01014--012

*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME KOREN, MICHAEL J M.D.
STREET ADDRESS 253 LINKSIDE CIRCLE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

☐ Delete

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10. ADDITIONS/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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

7/24/00

CR2E083 (5/00)