

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000001396**

1. Entity Name

PRIMARY ONE I.P.A., L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 18 AM 10:02

Principal Place of Business

1200 SLIGH BOULEVARD
ORLANDO FL 32806

Mailing Address

1200 SLIGH BOULEVARD
ORLANDO FL 32806

2. Principal Place of Business

31 West Columbia St.

3. Mailing Address

31 West Columbia St.

Suite, Apt. #, etc.

Suite 1

Suite, Apt. #, etc.

Suite 1

City & State

ORLANDO FL.

City & State

ORLANDO FL.

Zip

32806

Country

Zip

32806

Country

4. FEI Number

59-3560975

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCMANUS, MICHAEL T
1200 SLIGH BOULEVARD
ORLANDO FL 32806

7. Name and Address of New Registered Agent

Name

Michael McMANUS

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

31 West Columbia Street
Suite 1

City

Orlando

FL

Zip Code

32806

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

Michael McManus

Michael McMANUS

8/16/2000

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/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
COWAN, DAVID F JR.
3615 SOUTH ORANGE AVENUE
ORLANDO FL 32806 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
JANOVITZ, RICHARD M.D.
1200 SLIGH BOULEVARD
ORLANDO FL 32806 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
KIVETT, GERALD M.D.
1200 SLIGH BOULEVARD
ORLANDO FL 32806 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MEYER, ROBERT M.D.
1200 SLIGH BOULEVARD
ORLANDO FL 32806 ☐ 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
000003369930--7
-08/23/00--01086--010
*****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

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:

MICHAEL T. MCMANUS

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

8/16/2000

(Date)

407-481-9698

(Daytime Phone #)

CR2E083 (5/00)