

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001815

1. Entity Name: MEDICAL INK, L.L.C.

FILED

00 JAN 18 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

5972 VIA BELLA COURT
NAPLES FL 34109

Mailing Address

5972 VIA BELLA COURT
NAPLES FL 34109-1360

2. Principal Place of Business

10641 AIRPORT PULCINELLA RD

3. Mailing Address

10641 AIRPORT PULCINELLA RD

Suite, Apt. #, etc.

Suite 30

Suite, Apt. #, etc.

Suite 30

City & State

Naples

City & State

Naples FL

Zip FL 34109

Country USA

Zip 34109

Country USA

4. FEI Number

59-3568393

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FAZIO, JOHN C
5972 VIA BELLA COURT
NAPLES FL 34109

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 MGR
NAME FAZIO, JOHN C
STREET ADDRESS 5972 VIA BELLA COURT
CITY-ST-ZIP NAPLES FL 34109 ☐ Delete

TITLE MGR
NAME FAZIO, LISA E
STREET ADDRESS 5972 VIA BELLA COURT
CITY-ST-ZIP NAPLES FL 34109 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
700003114027-3
-01/28/00--01023--001
*****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:

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

Date

Daytime Phone #

1/12/2000

941-597-15