

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 12, 2001 08:00 AM
Secretary of State

DOCUMENT # L99000002421

1. Entity Name
 MEDCLAIM ASSOCIATES, LLC

Principal Place of Business 5115 NORTH SOCRUM LOOP ROAD SUITE 91 LAKELAND FL 33809	Mailing Address 5115 NORTH SOCRUM LOOP ROAD SUITE 91 LAKELAND FL 33809
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2. Principal Place of Business 5035 ASBURY PARKE DRIVE Suite, Apt. #, etc. SUITE 307 City & State LAKELAND FL	3. Mailing Address 5035 ASBURY PARKE DRIVE Suite, Apt. #, etc. SUITE 307 City & State LAKELAND FL
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DO NOT WRITE IN THIS SPACE

Zip 33805	Country US	Zip 33805	Country US
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4. FEI Number 59-3591322	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
 1000 WEST AVENUE
 NO. 1114
 MIAMI BEACH FL 331390000 US

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 _____ DATE **04/12/2001**

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	MGRM FREDERICK-REED ROBIN 5115 NORTH SOCRUM LOOP ROAD, SUITE 91 LAKELAND FL 33809	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REED ROSS 5115 NORTH SOCRUM LOOP ROAD, SUITE 91 LAKELAND FL 33809	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FREDERICK-REED ROBIN 5035 ASBURY PARKE DRIVE SUITE 307 LAKELAND FL 33805	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REED ROSS 5035 ASBURY PARKE DRIVE SUITE 307 LAKELAND FL 33805	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: ROSS REED

MGRM 04/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)