

# 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 <b>59-3591322</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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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)

**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)