2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L99000002421

City-St-Zip:

LAKELAND, FL 33805

Entity Name: MEDCLAIM ASSOCIATES, LLC

FILED Apr 28, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5035 ASBURY PARKE DRIVE SUITE 307 LAKELAND, FL 33805 **Current Mailing Address: New Mailing Address:** 5035 ASBURY PARKE DRIVE SUITE 307 LAKELAND, FL 33805 FEI Number: 59-3591322 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **BUSINESS FILINGS INCORPORATED** 1000 WEST AVENUE NO. 1114 MIAMI BEACH, FL 331390000 US 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: Electronic Signature of Registered Agent Date **MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:** MGRM () Change () Addition () Delete REED, ROSS Name: Name: Address: 5035 ASBURY PARKE DRIVE SUITE 307 Address: City-St-Zip: LAKELAND, FL 33805 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: FREDERICK-REED, ROBIN Name: Address: 5035 ASBURY PARKE DRIVE SUITE 307 Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

City-St-Zip:

SIGNATURE: ROSS D REED MGRM 04/28/2002