

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L99000002421

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

Entity Name: MEDCLAIM ASSOCIATES, LLC

Current Principal Place of Business:

5035 ASBURY PARKE DRIVE
SUITE 307
LAKELAND, FL 33805

New Principal Place of Business:

Current Mailing Address:

5035 ASBURY PARKE DRIVE
SUITE 307
LAKELAND, FL 33805

New Mailing Address:

FEI Number: 59-3591322 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: MGRM () Delete
Name: REED, ROSS
Address: 5035 ASBURY PARKE DRIVE SUITE 307
City-St-Zip: LAKELAND, FL 33805

Title: MGRM () Delete
Name: FREDERICK-REED, ROBIN
Address: 5035 ASBURY PARKE DRIVE SUITE 307
City-St-Zip: LAKELAND, FL 33805

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ROSS D REED

MGRM

04/28/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date