

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L99000002528

FILED
Jan 12, 2002 8:00 AM
Secretary of State

Entity Name: HEALTH SCIENCES INSTITUTE, P.L.

Current Principal Place of Business:

6100 WEST GLADES ROAD, SUITE 205
BOCA RATON, FL 334344372

New Principal Place of Business:

Current Mailing Address:

6100 WEST GLADES ROAD, SUITE 205
BOCA RATON, FL 334344372

New Mailing Address:

FEI Number: 65-0916082

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARSELLA, GREGORY M.D.
6100 WEST GLADES ROAD, SUITE 205
BOCA RATON, FL 33434 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: MARSELLA, GREGORY M.D.
Address: 6100 WEST GLADES ROAD, SUITE 205
City-St-Zip: BOCA RATON, FL 33434

Title: MGRM () Delete
Name: TUCKER, KEN L.M.H.C
Address: 6100 WEST GLADES ROAD, SUITE 205
City-St-Zip: BOCA RATON, FL 33434

Title: MGRM () Delete
Name: YACONA, ANTHONY M.D.
Address: 6100 WEST GLADES ROAD, SUITE 205
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES:

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

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: GREGORY MARSELLA

MGRM

01/12/2002

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