

# 2001 UNIFORM BUSINESS REPORT (UBR)

0023238 AF

DOCUMENT # L99000002602

1. Entity Name

HAAS MEDICAL ASSOCIATES, LC

FILED

01 APR 18 PM 2:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

510 LONGMEADOW STREET  
CELEBRATION FL 34747

Mailing Address

510 LONGMEADOW STREET  
CELEBRATION FL 34747

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3581105

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DULIN, RAMSEY W ESQUIRE  
201 E. PINE STREET, SUITE 425  
ORLANDO FL 32801

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

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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HAAS, BRIAN  
510 LONGMEADOW STREET  
CELEBRATION FL 34747 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HAAS, DIANNE C  
510 LONGMEADOW STREET  
CELEBRATION FL 34747 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400004078404-9  
-04/25/01--01098-016  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
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☐ Change ☐ 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:

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

Date

Daytime Phone #

CR2E083 (11/00)