

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90007 002 ****50.00

00432147

DOCUMENT # L99000002602

1. Entity Name

HAAS MEDICAL ASSOCIATES, LC

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

Zip

Country

Zip

Country

4. FEI Number

59-3581105

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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 REQUIRED

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

Date

Daytime Phone #

1-7-02 407-841-1490

CR2E083 (9/01)