

2000 UNIFORM BUSINESS REPORT (UBR)

0006693 AF

DOCUMENT # L99000003989

1. Entity Name
ETRAUMA, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 28 PM 12:48

Principal Place of Business
1425 EAST NEWPORT CENTER DRIVE
DEERFIELD BEACH FL 33442

Mailing Address
1425 EAST NEWPORT CENTER DRIVE
DEERFIELD BEACH FL 33442-7728



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ 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

BLOCH, STUART
980 NORTH FEDERAL HIGHWAY, SUITE 205
BOCA RATON FL 33432

Name John Hodgeman
Street Address (P.O. Box Numbers Not Acceptable)
1425 E Newport Center Dr
City Deerfield Bch FL Zip Code 33442

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 *Stephen C. Roy* Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 2-22-00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME ROY, STEPHEN C
STREET ADDRESS 1425 EAST NEWPORT CENTER DRIVE
CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☐ Delete

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

TITLE MGR
NAME HODGEMAN, JOHN D
STREET ADDRESS 1425 EAST NEWPORT CENTER DRIVE
CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: *Stephen C. Roy* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2-22-00 Date

Daytime Phone #

(66/6) (11) C