

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L99000004900

1. Entity Name
PHYSICIAN REVIEW L.L.C.

APPROVED
AND
FILED

00 APR 27 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

815 VIRGINIA DRIVE
ORLANDO FL 32803

Mailing Address

815 VIRGINIA DRIVE
ORLANDO FL 32803-2529



2. Principal Place of Business

101 Southhall LN
Suite, Apt. #, etc.
Suite 400
City & State
Maitland, FL
Zip
32751
Country
USA

3. Mailing Address

101 Southhall LN
Suite, Apt. #, etc.
Suite 400
City & State
Maitland, FL
Zip
32751
Country
USA

MNM

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3590-236

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOWD, BILL
815 VIRGINIA DRIVE
ORLANDO FL 32803

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

Bill Dowd Bill Dowd, Registered Agent

4-5-00

Signature of 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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
TROY, JACK
815 VIRGINIA DRIVE
ORLANDO FL 32803

☐ Delete

10.

ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

700003249537--9

-05/11/00--01025 Change-0119 Addition
*****50.00 *****50.00

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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:

Jack Troy SIGNATURE REQUIRED JACK TROY

4-5-00 (407) 660-1200

Date

Daytime Phone #

CR2E083 (9/99)