

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90039 022 \*\*\*\*50.00

**DOCUMENT # L99000005481**

1. Entity Name

**STAR MEDICAL DISTRIBUTORS, L.L.C**

Principal Place of Business

**2551 SW 39TH STREET #190  
 WESTON FL 33312**

Mailing Address

~~3265 MERIDIAN PARKWAY #114  
 WESTON FL 33331~~

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

**65-0953883**

Applied For

Not Applicable

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

**MUSSMAN, JAY D**

~~3265 MERIDIAN PARKWAY #114  
 WESTON FL 33331~~

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

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**MGR**

**KUSHER, ROBERT**

~~3265 MERIDIAN PARKWAY #114~~

~~WESTON FL 33331~~

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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**1675 NORTH COMMERCE PARKWAY  
 WESTON FL 33326**

☐ Change ☐ Addition

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 STREET ADDRESS  
 CITY-ST-ZIP

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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 REQUIRED**

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

Date

Daytime Phone #

CR2E083 (9/01)