

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005710

1. Entity Name
NATMED L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 26 AM 11:02

Principal Place of Business
150 INDIAN AVENUE
TAVERNIER FL 33070

Mailing Address
150 INDIAN AVENUE
TAVERNIER FL 33070



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
65-0948735

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE Delete
NAME **MGRM SEGOVIA, CARLOS A**
STREET ADDRESS **150 INDIAN AVENUE**
CITY-ST-ZIP **TAVERNIER FL 33070**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MGRM DEVAUX-SEGOVIA, GAYLE**
STREET ADDRESS **150 INDIAN AVENUE**
CITY-ST-ZIP **TAVERNIER FL 33070**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 OR MANAGER

Sept. 20 / 2000
Date

942-7177
Daytime Phone #

CF2E083 (5/00)