

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000006440**

1. Entity Name
SOUTHSIDE PHYSICIANS, L.L.C.

Principal Place of Business
**9770 BAYMEADOWS ROAD, SUITE 119
JACKSONVILLE FL 32256**

Mailing Address
**9770 BAYMEADOWS ROAD, SUITE 119
JACKSONVILLE FL 32256**

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 **APPLIED FOR**
59-3596383

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

**BROWNING, ARTHUR W
9770 BAYMEADOWS ROAD, SUITE 119
JACKSONVILLE FL 32256**

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 September 26, 2001**

9. (MANAGING MEMBERS/MANAGERS)

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ARTHUR W. BROWNING, JR., M.D., P.A.
7622 HUNTERS GROVE ROAD
JACKSONVILLE FL 32256** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**700004536677-3
-08/15/01--01072--001
*****50.00 *****50.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BRENT L. BEADLING, M.D., P.A.
9770 BAYMEADOWS ROAD, SUITE 119
JACKSONVILLE FL 32256** ☐ Delete

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

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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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

FILED

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

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