

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90215 036 \*\*\*\*55.00

966276



DO NOT WRITE IN THIS SPACE

**DOCUMENT # L99000007387**

1. Entity Name

DIANE A. HAISTEN, D.O., L.L.C.

Principal Place of Business

311 E. ASH STREET  
 PERRY FL 32347

Mailing Address

311 E. ASH STREET  
 PERRY FL 32347

2. Principal Place of Business

1211 N. Center St.

3. Mailing Address

1211 N. Center St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Perry, FL

City & State

Perry, FL

4. FEI Number

59-3596519

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

HAISTEN, DIANE A D.O.  
 311 E. ASH STREET  
 PERRY FL 32347

7. Name and Address of New Registered Agent

Name Same

Street Address (P.O. Box Number, is Not Acceptable)

1211 N. Center St.

City

Perry

FL

Zip Code

32347

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

4/30/02

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
 NAME HAISTEN, DIANE A  
 STREET ADDRESS 311 E. ASH ST.  
 CITY-ST-ZIP PERRY FL 32347

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 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

4/30/02 850-584-5877

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

Date

Daytime Phone #

CR2E083 (9/01)