

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90009 030 \*\*\*\*50.00

**DOCUMENT # L99000007402**

1. Entity Name

**BEE RIDGE MEDICAL ASSOCIATES, LLC**



Principal Place of Business

**1818 HAWTHORNE STREET  
SARASOTA FL 34239**

Mailing Address

**1818 HAWTHORNE STREET  
SARASOTA FL 34239**

2. Principal Place of Business

**5741 Bee Ridge Rd**  
Suite, Apt. #, etc. **280**

3. Mailing Address

**5741 Bee Ridge Rd**  
Suite, Apt. #, etc. **280**

City & State

**Sarasota FL**

City & State

**Sarasota FL**

Zip

**34233**

Country

**Sarasota**

Zip

**34233**

Country

**Sarasota**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**65-0962694**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KENNEDY, WILLIAM R**  
**1818 HAWTHORNE STREET** **5741 Bee Ridge Rd**  
**SARASOTA FL 34239** **#280**  
**34233**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **KENNEDY, WILLIAM R**  
STREET ADDRESS **1818 HAWTHORNE STREET** **5741 Bee Ridge**  
CITY-ST-ZIP **SARASOTA FL 34239** **34233** **#280**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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  
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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:** **REQUIRED**

**3/10/03** **941-365-0655**

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

Date

Daytime Phone #

0041749

CR2E083 (10/02)