2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000027988 1. Entity Name

Country

701 W. MARTIN LUTHER KING JR. BLVD SUITE 4

Signature, typed or printed name of registered agent and title if applicable.

6. Name and Address of Current Registered Agent

BUFFALO CENTER I, L.L.C.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

Mailing Address

701 W. MARTIN LUTHER KING JR. BLVD SUITE 4 **TAMPA FL 33603**

DIWADKAR, VIJAY M.D.

TAMPA FL 33603

701 W. MARTIN LUTHER KING JR. BLVD SUITE 4

Country

Name

City

(NOTE: Registered Agent signature required when reinstating)

TAMPA FL 33603

3. Mailing Address

City & State

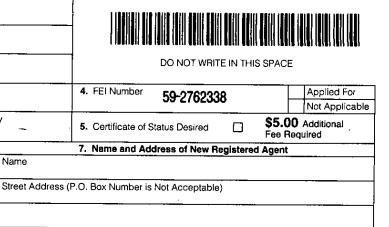
Zip

Suite, Apt. #, etc.

8.2 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.

Apr 17, 2002 8:00 am § Secretary of State

04-17-2002 90028 020 ****50.00



Zip Code

FILE NOW!!! FEE IS \$50.00 √ Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE ☐ Addition Change CRUZ, CEASER MD NAME NAME STREET ADDRESS 701 W. MARTIN LUTHER KING BLVD. #6 STREET ADDRESS CITY-ST-7IP TAMPA FL 33603 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME DIWADKAR VIJAY, MD NAME STREET ADDRESS 701 W. MARTIN LUTHER KING BLVD., #3 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33603** MGRM TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME DAVE, N.B. MD NAME STREET ADDRESS 701 W. MARTIN LUTHER KING BLVD., #4 STREET ADDRESS CITY-ST-7IP **TAMPA FL 33603** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

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

Daytime Phone #