2001 UN FORM BUIN	SE REPOR	y (Opt	DX	COX		•	
DOCUMENT LAGOO	000 600	E.					
1. Entity Name	demen						
Datura Professional Building Lha				FILED			
Principal Place of Business Ma	Place of Business Mailing Address			01 MAR 29 PM 8: 18			
		-		SECRETARY OF ST. TÄLLAHASSEE, FLO	ATE.		
					HIDE		
2. Principal Place of Business 2.15 Fifth Street 3. Mailing Address 2.15 Fifth Street							
Suite, Apt. #, etc. Suite 302	te 302 Soite 302			DO NOT WRITE IN THIS SPACE			
West Palm Beach FL a	Palm Reach FL West Palm Beach FL			umber - 100/2390		plied For Applicable	
Zip	33401	Country	5. Certif	cate of Status Desired	\$5.00 Addit Fee Required		
6. Name and Address of Current Regist	ered Agent		7. Name	and Address of New Registered	Agent		
- Robert T. Bergin, Dr.		- Name					
215 Fitth Street, Soite 300				umber is Not Acceptable)	<u> </u>		
West Palm Beach, PL 37401							
		City	-	FL	Zip Code		
8. The above named entity extra this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.							
SIGNATURE Signature Signature of registered agent and title if	applicable. (NOTE: Re	T. R.e./o	equired when reinstating	2/2/ g) DATE	1/200	<u>) (</u>	
FILE NOW!!! FEE IS \$50.00							
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9. MANAGING MEMBERS/M	EMBERS	10.		ADDITIONS/CHANGES			
NAME Robert T. Bergin Dr MGEN		TITLE NAME		والمراجعين والمراجعين والمراجعين والمراجعين والمراجعين	Change	Addition 00/11) 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00	
STREET ADDRESS 215 F. F. T. JACKETY 301	ET ADDRESS 215 F. FT. JACKETY 33, FE 300			700003952 -04/03/01	01047(301 8	
TITLE DESCRIPTION BEACH TO 37901		TITLE		****200.00	<u>****2</u> □ Change	Addition S	
NAME David J. Glathorn	NAME STREET ADDRESS	,					
NAME STREET ADDRESS SOSS, FLagle, Pr., Soite 1460 CITY-ST-ZIP West Palm Beach FL 33401		CITY-ST-ZIP					
TITLE NAME	_ Delete	TITLE			☐ Change	Addition	
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STRET ADDRESS CITY-ST-ZIP		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 receives or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE: Pobo, T T Bergin V, 2-21-2001 561-659-6500							
SIGNATURE: SIGNATURE AND TAPEU OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylime Phone #							