

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009100

1. Entity Name
ALAN T. RUDOLPH, M.D., L.C.



Principal Place of Business
4909 ANDROS DRIVE
TAMPA, FL 33629

Mailing Address
4909 ANDROS DRIVE
TAMPA, FL 33629

2. Principal Place of Business
4912 Andros Drive
Suite, Apt. #, etc.

3. Mailing Address
4912 Andros Drive
Suite, Apt. #, etc.

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number
59-3617570

Applied For
Not Applicable

Zip
33629

Country
Hillsborough

Zip
33629

Country
Hillsborough

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RUDOLPH, ALAN T M.D.
4909 ANDROS DR
TAMPA, FL 33629

7. Name and Address of New Registered Agent

Name
Alan T. Rudolph, MD

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

4912 Andros Drive

City
Tampa

FL

Zip Code
33629

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's signature required when withdrawing)

DATE

4/15/03

FILE NOW WITH FEE OF \$450.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RUDOLPH, ALAN T MD
4909 ANDROS DRIVE
TAMPA, FL 33629 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Alan T. Rudolph, MD
4912 Andros Drive
Tampa, FL 33629 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700016698307 ☐ Change ☐ Addition
04/23/03=01012=016 **50.00

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

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

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

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

Date

Daytime Phone #

4/15/03

CR2E083 (10/02)