

5/2.

FILED
Sep 23, 2002 8:00 am
Secretary of State

05-22-2002 90256 033 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009104

1. Entity Name

WESTSIDE MEDICAL, LLC

Principal Place of Business

8315 FOX HOLLOW LANE
BROOKSVILLE FL 34613

Mailing Address

8315 FOX HOLLOW LANE
BROOKSVILLE FL 34613

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

203 E. Brewington Ave.

Kirkville, MO

63501

6. Name and Address of Current Registered Agent

HOWELL, CHRISTINA L
8315 FOX HOLLOW LANE
BROOKSVILLE FL 34613Paul Rose
6140 Buyside Dr.
New Port Richey, FL
34657

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

7. Name and Address of New Registered Agent

Name

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

City

Zip Code

Christina Howell

203 E. Brewington Ave.

Kirkville MO

63501

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

Christina L. Howell

DATE

05/01/02

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|---------------------|----------------------|--|---------------------------------|
| MGRM | HOWELL, NORMAN D.O. | 8315 FOX HOLLOW LANE | 203 E. Brewington Ave. Kirkville MO 63501 | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-----------------|-----------------------|--------------------------|---------------------------------|
| MGRM | ROSE, PAUL M.D. | 5211 US HWY. 19 NORTH | NEW PORT RICHEY FL 34652 | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|---------------------|------------------------|----------------------|---------------------------------|
| MGRM | COLLUCCI, NICOLAS J | 5295 LEGENDS HILL LANE | BROOKSVILLE FL 34609 | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|-------------|---------------------------------|
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|-------------|---------------------------------|
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|-------------|---------------------------------|
| | | | | <input type="checkbox"/> |

10. ADDITIONS/CHANGES

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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 609, Florida Statutes.

SIGNATURE

SIGNATURE REQUIRED

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

05/28/02

Daytime Phone #

CR2E083 (9/01)

Attachment

42911

#19900009104

September 11, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

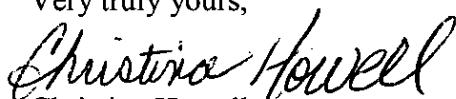
Dear Madam or Sir:

This letter is in reference to your letter dated June 2, 2002. The registered agent for the Westside Medical Corporation is:

Paul Rose
6140 Bayside Drive
New Port Richey, Fl 34652

I am sorry it took me so long to respond to your letter. Mr. Rose had sold his business and moved so I was unable to reach him for quite some time. I was not aware that the registered agent had to live in Florida. I apologize for any inconvenience this may have caused.

Very truly yours,


Christina Howell