

2001 UNIFORM BUSINESS REPORT (UBR)

0027046 AF

DOCUMENT # M00000000193

1. Entity Name
NEW TOWMED, LLC

FILED

01 APR 30 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
353 W. LANCASTER AVE., STE. 210
WAYNE PA 19087

Mailing Address
353 W. LANCASTER AVE., STE. 210
WAYNE PA 19087

2. Principal Place of Business
10 CAMPUS BLVD
Suite, Apt. #, etc.

3. Mailing Address
10 CAMPUS BLVD
Suite, Apt. #, etc.

City & State
Newtown Square, PA
Zip 19073 Country USA

City & State
Newtown Square, PA
Zip 19073 Country USA

4. FEI Number
23-3027511

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

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

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Administrative Member	6th Towne, Ltd	10 Campus Blvd	Newtown Square, PA 19073		
Member	Vernado CCA Gainesville LLC	Park 80 West, Plaza II	Saddle Brook, NJ 07663		
Member	GARY M. HOLLANDAY	10 Campus Blvd	Newtown Square, PA 19073		

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-05/16/01-01053-010
*****50.00 *****50.00

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: Robert Asst Secretary 610-355-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)