

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT #** M00000000193  
**1. Entity Name**  
 NEW TOWMED, LLC

FILED

01 APR 30 AM 11:12

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**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.

DO NOT WRITE IN THIS SPACE

**City & State**  
 Newtown Square, PA

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 Newtown Square, PA

**Zip** 19073 **Country** USA

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**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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (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	Administrative Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GT TOWMED, LTD 10 CAMPUS BLVD NEWTOWN SQUARE, PA 19073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VERNADO CCA GAINESVILLE LLC PARK 50 WEST, PLAZA II SADDLE BROOK, NJ 07663
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GARY M. HOLLADAY 10 CAMPUS BLVD NEWTOWN SQUARE, PA 19073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** Robert Asst Secretary **ROBERT ASST SECRETARY**  
 EDIGIA, LLP, FOR GT TOWMED, LTD **610-355-8000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)