FILED
May 08, 2003 8:00 am
Secretary of State
04-21-2003 90409 017 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M02-1477

1. Entity Name
Lemon Bay Professional Center, LLC

DO NOT WRITE IN THIS SPACE

[redacted]

55039023

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
900 PINE STREET		900 PINE STREET	
Suite, Apt. #, etc. Bldge 1 ste 122/123		Suite, Apt. #, etc. Bldge 1 ste 122/123	
City & State ENGLEWOOD, FL 34223		City & State ENGLEWOOD, FL 34223	
Zip 34223	Country Charlotte	Zip 34223	Country Charlotte

4. FEI Number 65-0374608 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Silberstein, David M
Street Address (P.O. Box Number is Not Acceptable): 720 South Orange Ave
City: Sarasota, FL Zip Code 34236

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KONWISER, MARK MD PA 900 Pine Street Bldg 1 Ste 122/123 ENGLEWOOD, FL 34223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Mark Konwiser MD 4-17-03 941-474-8811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #