

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90189 020 ****55.00

0066805

DOCUMENT # M02000001865

1. Entity Name

THERATECH VENTURES, LLC



Principal Place of Business

**200 31ST AVENUE NORTH, SUITE 100
NASHVILLE TN 37203**

Mailing Address

**200 31ST AVENUE NORTH, SUITE 100
NASHVILLE TN 37203**

2. Principal Place of Business

40 Burton Hills Blvd

3. Mailing Address

40 Burton Hills Blvd

Suite, Apt. #, etc.

Ste 320

Suite, Apt. #, etc.

Ste 320

City & State

Nashville, TN

City & State

Nashville, TN

Zip

37215

Country

USA

Zip

37215

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **62-1761402**

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301**

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. 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 signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **MCCLELLAN, DAVID G**
STREET ADDRESS **200 31ST AVENUE NORTH, SUITE 100**
CITY-ST-ZIP **NASHVILLE TN 37203**

TITLE **MGR** ☐ Delete
NAME **MORPHIS, ROCK A**
STREET ADDRESS **200 31ST AVENUE NORTH, SUITE 100**
CITY-ST-ZIP **NASHVILLE TN 37203**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **SAME** ☒ Change ☐ Addition
NAME **SAME**
STREET ADDRESS **40 Burton Hills Blvd, Ste 320**
CITY-ST-ZIP **Nashville, TN 37215**

TITLE **SAME** ☒ Change ☐ Addition
NAME **SAME**
STREET ADDRESS **40 Burton Hills Blvd, Ste 320**
CITY-ST-ZIP **Nashville, TN 37215**

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

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

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

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

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]**

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

Date

Daytime Phone #

615-665-8220

0066805 (4/30/02)