

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-30-2003 90185 009 ****50.00

DOCUMENT # M98000000360

1. Entity Name
HEALTHSTRATA, LLC



Principal Place of Business
102 WOODMONT BOULEVARD, SUITE 350
NASHVILLE TN 37205

Mailing Address
102 WOODMONT BOULEVARD, SUITE 350
NASHVILLE TN 37205

2. Principal Place of Business

210 25th AVE N, STE 508
Suite, Apt. #, etc.

3. Mailing Address

210 25th AVE N, STE 508
Suite, Apt. #, etc.

City & State
NASHVILLE, TN

Zip **37203** **Country** **USA**

City & State
NASHVILLE, TN

Zip **37203** **Country** **USA**

4. FEI Number **62-1694957**

Applied For
Not Applicable

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



☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCLAREN, DAN L 102 WOODMONT BOULEVARD, SUITE 350 NASHVILLE TN 37205 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCLAREN, DEREK 102 WOODMONT BOULEVARD, SUITE 350 NASHVILLE TN 37205 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLIPPO, KEITH A 102 WOODMONT BOULEVARD, SUITE 350 NASHVILLE TN 37205 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARKER, THOMA 102 WOODMONT BLVD STE 350 NASHVILLE TN 37205 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMAS, J. ERIC 102 WOODMONT BOULEVARD, SUITE 350 NASHVILLE TN 37205 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCLAREN, DAN L. 210 25th AVE N., SUITE 508 NASHVILLE, TN 37203 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCLAREN, DEREK 210 25th AVE N., SUITE 508 NASHVILLE, TN 37203 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARKER, THOMA 210 25th AVE N., SUITE 508 NASHVILLE, TN 37203 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMAS, J. ERIC 210 25th AVE N., SUITE 508 NASHVILLE, TN 37203 <input checked="" 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: Dan McLaren **DAN MCLAREN** **1/9/03** **615-297-1020 X14**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)