

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001741

1. Entity Name

MEDICAL RESOURCE NETWORK, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 31 PM 1:25

Principal Place of Business

6167 BRISTOL PKWY. SUITE #440  
CULVER CITY CA 90230

Mailing Address

6167 BRISTOL PKWY. SUITE #440  
CULVER CITY CA 90230



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4909 Lakewood Blvd.  
Suite, Apt. #, etc.  
Suite 540

3. Mailing Address

4909 Lakewood Blvd.  
Suite, Apt. #, etc.  
Suite 540

City & State

Lakewood CA

City & State

Lakewood, CA

4. FEI Number

95-4706155

Applied For

Not Applicable

Zip

90712

Country

USA

Zip

90712

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T 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/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Lucia Young MGRM 6032 Avenida de Castillo Long Beach, CA 90830	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	400003351254--8 -08/08/00--01091--016 *****50.00 <del>*****50.00</del>
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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

*Lucia Young* REQUIRED Lucia Young 7/12/00 562-220-2838

CR2E083 (5/00)