2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9800000657 1. Entity Name PRIMARY CARE SPECIALISTS OF THE PALM BEACHES, L.						· ILED			
Principal Place 1590 CONGRE WEST PALM I	·	Mailing Address 1590 CONGRESS AVE. WEST PALM BEACH FL 33406				-7 AMII: 18 ARY OF STAT ASSEE.FLORI			
2. Principal P	lace of Business	3. Mailing Address			-{	U (1864 U U U U U U U U U U U U U U U U U U	ELA BERLA EBLAN BI	iisi ed el ė o le d i	8))() (88) (88)
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State	9	City & State			4. FEI Nun	65-0837261		<u> </u>	plied For t Applicable
Zip	Country	Country Zip Cou		try	5. Certifica	ate of Status Desired		5.00 Add ee Required	
	6. Name and Address of Current R	egistered Agent		Name	7. Name a	nd Address of New R	egistered A	gent	
KLEIN, BF	rent d Kell ave., suite 1901					nber is Not Acceptable)		
MIAMI'FL 33131									
,				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 an	d title if applicable. (NOTE	Registere	d Agent signature required	d when reinstating)		DATE		
				FEE 13 \$50:00			,		· .
		Make Check Pa							}
9. MANAGING MEMBERS 10.					!	ADDITIONS/	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AQUIRRE, GERALDO 15905 S. CONGRESS AVE. WEST PALM BEACH FL 33406	Delete		1				☐ Change	Addition S
TITLE NAME STREET ADDRESS CITY-ST-ZIP	THEOT PALIFICENCE SOURCE	☐ Delete	TITLE NAM STRE			400003 -02/1 ****		Change 1564 1102-	□ Addition 5
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				N		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	نحوصت محموسي المحمد	☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAM STRE	<u> </u>				Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAM STRE					☐ Change	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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SKINNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylime Phone #									