

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUL 25 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000000570**

1. Entity Name
840 E. OSCEOLA STREET, L.L.C.

Principal Place of Business 840 E. OSCEOLA STREET STUART FL 34994	Mailing Address 840 E. OSCEOLA STREET STUART FL 34994
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0890967** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~COEL, MARK A ESQ~~
~~4000 HOLLYWOOD BLVD.~~
~~SUITE 350 NORTH~~
~~HOLLYWOOD FL 33021~~

Name **DAVID Mac Millan MD**
Street Address (P.O. Box Number is Not Acceptable) **840 E. Osceola St**
City **Stuart** FL Zip Code **34994**

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 _____ (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

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACMILLAN, DAVID M M.D. 840 E. OSCEOLA STREET STUART FL 34994 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400003342614--5 08/01/00-01025-006 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAUL, MICHAEL D M.D. 840 E. OSCEOLA STREET STUART FL 34994 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **SIGNATURE REQUIRED**

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

7/19/00 **561-283-7072**
Date Daytime Phone #

CR2E083 (5/00)