

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L94000000558**

1. Entity Name

PRIMARY CARE ASSOCIATES, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 22 PM 12:10

Principal Place of Business

1846 TAMiami TRAIL
SUITE 12
VENICE FL 34293

Mailing Address

1846 TAMiami TRAIL
SUITE 12
VENICE FL 34293-3135



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0526749

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CISLO, DAVID G
1846 S. TAMiami TRAIL
STE. 12
VENICE FL 34293

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/MEMBERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WEERASOORIYA, LOKSHMAN MD 1861 PLACIDA ROAD ENGLEWOOD FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DAVID G. CISLO, D.O., P.A. 12749 SOUTH TAMiami TRAIL NORTH PORT FL 34287	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CHIRILLO, JOSEPH JR., MD 190 WEST DEARBORN STREET ENGLEWOOD FL 34223	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROBERTSON, DONALD W D.O. 2828 SOUTH MCCALL ROAD #21 ENGLEWOOD FL 34224	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SAMALE, RICHARD M.D. 1211 JACARANDA BLVD. VENICE FL 34292	<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
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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

mf. 3/2/00

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*****50.00 *****50.00

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 stated 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 above liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Karl P. Hly

SIGNATURE REQUIRED

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

Date

Daytime Phone #

2-17-00