

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001112

1. Entity Name

CLSC, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR -3 PM 5:33



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1770-A EAST HALLANDALE BEACH BLVD.
HALLANDALE FL 33009

Mailing Address
1770-A EAST HALLANDALE BEACH BLVD.
HALLANDALE FL 33009-4611

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
7800 W. OAKLAND PARK BLVD.

Suite, Apt. #, etc.
BLDG. "G"

City & State
SUNRISE, FLORIDA

4. FEI Number
65-0833820

Applied For
Not Applicable

Zip
Country

Zip
Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COMPLETE LOCAL SPECIALTY CARE, INC.
7800 W OAKLAND PARK BLVD
BLDG G
SUNRISE FL 33351

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

9. Capital Contributions
as Shown on record. \$15,000.00

10. Amount of Capital Contributions
in FLORIDA to date. 15,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

193.75

12. GENERAL PARTNER INFORMATION

DOCUMENT # P97000013480
NAME COMPLETE LOCAL SPECIALTY CARE, INC.
STREET ADDRESS 7800 W OAKLAND PARK BLVD., BLDG. G
CITY-ST-ZIP SUNRISE FL 33351

13.

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CITY-ST-ZIP

ADDRESS CHANGES ONLY
408003213574-7
-04/18/00-01116-004
****193.75 ****193.75

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CHANTAL BRAY 3/24/00 954-749-8802

Date

Daytime Phone #

CR2E003 (9/99)