

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001612 AT

DOCUMENT # A98000001112

1. Entity Name
CLSC, LTD.



FILED

03 APR 15 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

Mailing Address
7800 W. OAKLAND PARK BLVD., BLDG. "G"
SUNRISE FL 33351

2. Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 65-0833820

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

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

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS

CITY-ST-ZIP

000016066560

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STREET ADDRESS

CITY-ST-ZIP

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 REQUIRED CYNTHIA BRAI 11/31/03

Date

Daytime Phone #

CP2E003 (10/02)