5/28

**FILED**
**Jun 24, 2002 8:00 am**
**Secretary of State**
05-28-2002 91740 049 ***150.00

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F82702

1. Entity Name
FAMCARE MANAGEMENT INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business
c/o Family Practice Center
4645 Gun Club RD
West Palm Beach, FL
33415

3. Mailing Address
c/o Family Practice Center
4645 Gun Club Road
West Palm Beach, FL 33415

DO NOT WRITE IN THIS SPACE

FEI Number 592214172 — Applied For / Not Applicable

4. Certificate of Status Desired ☐ $8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name: Tom Larkin Esq
Street Address (P.O. Box Number is Not Acceptable):
1901 West Cypress Creek Rd # 413
City: Ft Lauderdale FL Zip Code: 33309

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

Amount Enclosed: Filing Fee $150.00; Certificate of Status $8.75; Certified Copy $52.50; Additional Copy Required; Total Due & Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>PHILLIPS JB MD<br>421 LAKE DASHADE<br>PLANTATION, FL |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>LEVINE, NM<br>321 TOCKAHOE DR<br>PLANTATION, FL |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

CR2E034B (12/01)

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5/10/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment # 36738

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State

June 4, 2002

**FAMCARE MANAGEMENT, INC.**
**C/O FAMILY PRACTICE CENTER**
**4645 GUN CLUB ROAD**
**W. PALM BEACH, FL 33415**

Subject: **FAMCARE MANAGEMENT, INC.** + FAMILY PRACTICE CENTER INC

Reference Number: **F82702**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

There is not a registered agent designated on the report. Please enter the current registered agent's name and Florida street address. If this is a change from the registered agent previously filed with this office, the new agent must sign accepting the designation.

**TO AVOID THE $400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

REFERENCE # F67309 IS BEING RETURNED TO YOU - YOUR RECORDS SHOW THAT YOU SENT TO US ON 6/6/02 BUT WE HAVEN'T RECV'D YET CORRECTION HAS BEEN MADE

/ns
ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Family Practice Center
4645 Gun Club Road
West Palm Beach, FL 33415