

2001 UNIFORM BUSINESS REPORT (UBR)

0006918 AF

DOCUMENT # L00000000122

1. Entity Name
HEART O'CONWAY, L.C.

FILED

01 APR 23 PM 5:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3221 S. CONWAY ROAD, SUITE B
ORLANDO FL 32812

Mailing Address

C/O BRAD W. ARENZ, D.M.D.
3221 S. CONWAY RD., STE. B
ORLANDO FL 32812

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ 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

ARENZ, BRAD W D.M.D.
3221 S. CONWAY ROAD, SUITE B
ORLANDO FL 32812

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

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGRM
ARENZ, BRAD W D.M.D.
STREET ADDRESS
3221 S. CONWAY ROAD, SUITE B
CITY-ST-ZIP
ORLANDO FL 32812

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
MGRM
PIRINO, RAYMOND D.M.D.
STREET ADDRESS
3221 S. CONWAY ROAD, SUITE A
CITY-ST-ZIP
ORLANDO FL 32812

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
300004134283--0
-05/03/01--01085--033
*******50.00 *****50.00**

TITLE NAME ☐ Delete
MGRM
HICKS, TOBERT G D.M.D.
STREET ADDRESS
3221 S. CONWAY ROAD, SUITE D
CITY-ST-ZIP
ORLANDO FL 32812

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
MGRM
OVERMEYER, THOMAS G D.M.D.
STREET ADDRESS
3221 S. CONWAY ROAD, SUITE C
CITY-ST-ZIP
ORLANDO FL 32812

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)