

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000278

1. Entity Name
SOUTH FLORIDA INPATIENT MEDICAL SPECIALIST, P.L.

Principal Place of Business
1174 STRAWBERRY CT.
MARCO ISLAND FL 34145

Mailing Address
1174 STRAWBERRY CT.
MARCO ISLAND FL 34145

FILED

01 FEB 15 AM 7:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

5840 14th Ave. N.W.

3. Mailing Address

P.O. Box 8523

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

59-3615495

Applied For

Not Applicable

Zip

34119

Country

USA

Zip

34101

Country

USA

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCARDLE, MICHAEL W ESQ.
ROETZEL & ANDRESS
850 PARK SHORE DR., THIRD FLOOR
NAPLES FL 34103

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
OTTO, RICHARD D M.D.
1174 STRAWBERRY CT.
MARCO ISLAND FL 34145

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5840 14th Ave N.W.
Naples, FL 34119

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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 RICHARD D OTTO

2-6-01

941-594-9201

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

Date

Daytime Phone #

001395 AF
CR2E083 (11/00)