

2001-2002

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**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 AUG 26 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L000000000559

1. Entity Name

Universal Health Management, L.L.C.

**DO NOT WRITE IN THIS SPACE**

200007448112--6

-08/30/02--01011--024

\*\*\*\*100.00 \*\*\*\*100.00

2. Principal Place of Business

3. Mailing Address

7491 W. Oakland Park Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

City &amp; State

Lauderhill FL

F

4. FEI Number

Applied For

65-0977362

Not Applicable

Zip

Country

Zip

Country

33319

USA

5. Certificate of Status Desired ☐\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Eliezer Scheiner

Street Address (P.O. Box Number is Not Acceptable)

7491 W. Oakland Park Blvd

City

FL

Zip Code

33319

**DO NOT WRITE  
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	Eliezer Scheiner MGR
NAME	7491 W. Oakland Park Blvd
STREET ADDRESS	Lauderhill, FL 33319
CITY-ST-ZIP	

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**DO NOT WRITE  
IN THIS SPACE**

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 #

8/2/02

954-578-1946

CR2E083B (12/01)

No rein statement fee required

29/2

universalhealthmanagement

August 20, 2002

Department of State  
PO Box 6327  
Tallahassee, FL 32314

Attn: Registration Dept

Re: Document #: L00000000559

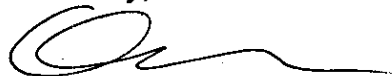
To Whom It May Concern:

Enclosed please find a check for \$100.00 and a completed UBR form for Universal Health Management, L.L.C. The business moved to a new location and the original UBR form was never received.

Please update your records accordingly with the new address.

If you have any questions, please feel free to contact me at 954-578-1946.

Sincerely,



Eliezer Scheiner