

FROM :

FAX NO. : 847 577 6214

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 30, 2002 8:00 am
Secretary of State

09-30-2002 90175 011 ****50.00

DOCUMENT # L00000001913

1. Entity Name

ORDONEZ & DOLLAR MEDICAL GROUP, L.L.C.

Principal Place of Business

1109 HARRISON AVENUE
PANAMA CITY FL 32401

Mailing Address

1109 HARRISON AVENUE
PANAMA CITY FL 32401

981301

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3659793

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

BENNETT, DERRICK
112 E. THIRD COURT
PANAMA CITY FL 32401

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

SIGNATURE

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS / MANAGERS

10.

ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUZVIMIND, DOREIEZ 1109 HARRISON AVE. PANAMA CITY FL 32401	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOLAR, JOSE MD 1109 HARRISON AVE. PANAMA CITY FL 32401	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ORDONEZ DOLAR, LUZVIMIND 1109 HARRISON AVE PANAMA CITY FL 32401	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 606, Florida Statutes.

SIGNATURE: X

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

X 9-30-02

Date

Telephone #

FROM :

FAX NO. : 847 577 8214

Sep. 30 2002 09:06AM P1

Attachment

981307

L00 000001913

1109 Harrison Ave.
Panama City, Fl. 32401
September 30, 2002

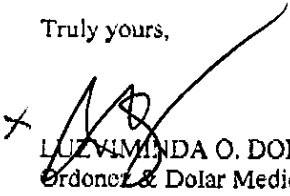
Division of Corporation
Registration Section
P.O. Box 6478
Tallahassee, Fl. 32314

Gentlemen:

We are sending you herewith our 2002 Uniform Business Report (UBR) with a check for \$50.

This is the first time we file this report. We are sorry that we were unable to file it by September 25, 2002.

Truly yours,


LUZVIMINDA O. DOLAR, MGRM
Ordonez & Dolar Medical Group LLC