

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2002 8:00 am
Secretary of State

08-07-2002 90171 028 ****50.00

DOCUMENT # L00000002041

1. Entity Name

SEAWINDS HEALTHCARE SERVICES, L.L.C.

Principal Place of Business

**420 LINCOLN ROAD - SUITE 800
 MIAMI BEACH FL 33139**

Mailing Address

**P.O. BOX 414069
 MIAMI BEACH FL 33141-9998**

972959



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9600 NW 18 ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plantation FL

City & State

4. FEI Number **65-0982487**

Applied For

Not Applicable

Zip

33322

Country

USA

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

**IBRAHIM, MOHAMED
 651 NE 88TH TERRACE
 MIAMI FL 33138**

Name

Robert H LURER

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

9600 NW 18 ST.

City

Plantation

FL

Zip Code

33322

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/2/02

**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
**D
 IBRAHIM, MOHAMED
 650 NE 88TH TERRACE
 MIAMI FL 33138** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D, P
 Robert H LURER
 9600 NW 18 ST
 Plantation, FL 33322** ☒ Change ☐ Addition

TITLE
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 CITY-ST-ZIP
☐ Delete

TITLE
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 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 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED

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

7/2/02 954-214-6232

Date

Daytime Phone #

CR2E083 (4/02)