

# 2001 UNIFORM BUSINESS REPORT (UBR)

0018262 AF

DOCUMENT # L00000003139

1. Entity Name  
DOCTORS CARE, L.L.C.

FILED 4/2/6  
01 JAN 30 PM 3:22  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
200 CENTRAL AVE., SUITE 2210  
ST. PETERSBURG FL 33701

Mailing Address  
200 CENTRAL AVE., SUITE 2210  
ST. PETERSBURG FL 33701



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
100 2nd Avenue South  
Suite, Apt. #, etc.  
Suite 101  
City & State  
St. Petersburg, FL  
Zip  
33701  
Country  
Pinellas

3. Mailing Address  
100 2nd Avenue South  
Suite, Apt. #, etc.  
Suite 101  
City & State  
St. Petersburg, FL  
Zip  
33701  
Country  
Pinellas

4. FEI Number  
59-3640426  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
RUGG, JOSEPH W  
ONE TAMPA CITY CENTER  
201 NORTH FRANKLIN STREET, SUITE 2200  
TAMPA FL 33602

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 \_\_\_\_\_ (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	Richard Romeis, MD <input type="checkbox"/> Delete 100 2nd Avenue S. Ste. 101 St. Petersburg, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mark Reinecke, MD <input type="checkbox"/> Delete 100 2nd Avenue S. Ste. 101 St. Petersburg, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Herbert Rest, MD <input type="checkbox"/> Delete 100 2nd Avenue S. Ste. 101 St. Petersburg, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300003662983--7 -02/09/01--01022--011 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 01/17/01 727-895-5008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)