

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003391

1. Entity Name
PODICARE RESEARCH NETWORK, L.C.

FILED

01 MAY -2 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1815 GRIFFIN RD. STE 203
DANIE FL 33004

Mailing Address
1815 GRIFFIN RD. STE 203
DANIE FL 33004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

210 S. FEDERAL HWY

3. Mailing Address

210 S. FEDERAL HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#402

#402

City & State
HOLLYWOOD, FL

City & State
HOLLYWOOD, FL

Zip
33020

Country
BROWARD

Zip
33020

Country
BROWARD

4. FEI Number

65-0995300

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COHEN, JEFFREY L
54 N.E. 4TH AVENUE
DELRAY BEACH FL 33483

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.

(NOT: Registered Agent signature required when reinstating)

DATE

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

600004316346--2
-05/25/01--01017--013
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Jeffrey Cohen
210 S. Federal Hwy
Hollywood FL 33020

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Aracelis Peltach
210 S. Federal Hwy
Hollywood FL 33020

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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 #

CR2E083 (11/00)

0006541 AF