

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003901

1. Entity Name

ALPHA WALK-IN SKIN CLINIC, LLC

Principal Place of Business

14523 BRUCE B. DOWNS BLVD.  
SUITE 401  
TAMPA FL 33613

Mailing Address

14523 BRUCE B. DOWNS BLVD.  
SUITE 401  
TAMPA FL 33613

2. Principal Place of Business

3. Mailing Address

P.O. Box 47177

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, FL 33647

Zip

Country

33647

USA

4. FEI Number

59-3634331

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, CRAIG ALONZO  
1527 DEERBOURNE DRIVE  
WESLEY CHAPEL FL 33543-6758

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.

(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  
**MANAGING MEMBER**  
**Craig Alonzo Williams**  
**1527 Deerbourne Drive**  
**Wesley Chapel, FL 33543-6758**

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**MANAGING MEMBER**  
**Lisa F. Shirley-Williams, M.D.**  
**1527 Deerbourne Drive**  
**Wesley Chapel, FL 33543-6758**

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Change ☐ Addition  
**400003572574--2**  
**-01/24/01--01021--015**  
**\*\*\*\*\*55.00 \*\*\*\*\*55.00**

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ 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: **Craig Alonzo Williams**

1/10/2000

1/10/2000 (813) 390-3268

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

Date

Daytime Phone #

CR2E083 (11/00)