

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90071 029 ****55.00

DOCUMENT # L00000003901

1. Entity Name

AWC MEDICAL & SKIN CLINIC, LLC

Principal Place of Business

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

Mailing Address

**PO BOX 47177
 TAMPA FL 33647**

2. Principal Place of Business

3. Mailing Address

P.O. Box 47177

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, FL

4. FEI Number

59-3634331

Applied For

Not Applicable

Zip

Country

Zip

Country

33647

USA

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

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

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 \$60.00

**Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
 NAME **WILLIAMS, CRAIG A**
 STREET ADDRESS **1527 DEERBOURNE DR.**
 CITY-ST-ZIP **WESLEY CHAPEL FL 33543-6758**

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

TITLE **MGRM** ☐ Delete
 NAME **WILLIAMS, LISA F**
 STREET ADDRESS **1527 DEERBOURNE DR.**
 CITY-ST-ZIP **WESLEY CHAPEL FL 33543-6758**

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

TITLE ☐ Delete
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 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: Craig Alonzo Williams

1/29/2002 (813)978-8911

CR2E083 (9/01)