

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005218

1. Entity Name

OCSF PHYSICIANS, L.L.C.

Principal Place of Business

600 SOUTH PINE ISLAND BLVD
PLANTATION FL 33324

Mailing Address

600 SOUTH PINE ISLAND BLVD
PLANTATION FL 33324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZISKIND & ARVIN, P.A.
444 BRICKELL AVENUE
SUITE 400
MIAMI BEACH FL 33131

Name

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

City

FILED

01 JAN 29 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Not Applicable

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

ZISKIND & ARVIN, P.A.
444 BRICKELL AVENUE
SUITE 400
MIAMI BEACH FL 33131

Name

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

City

800003624328--7
-02/02/01-11041-018
*****50.00FL**299.00

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

10. ADDITIONS / CHANGES

TITLE MGRM
NAME JACOBS, STEVEN MD
STREET ADDRESS 600 SOUTH PINE ISLAND BLVD
CITY-ST-ZIP PLANTATION FL 33324

TITLE MGRM
NAME Bruce Berkowitz, MD
STREET ADDRESS 600 S. Pine Island Rd, Ste. 300
CITY-ST-ZIP Plantation FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME Brad Chayot, MD
STREET ADDRESS 600 S. Pine Island Rd, Ste. 300
CITY-ST-ZIP Plantation FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME Phillip Cummings, MD
STREET ADDRESS 600 S. Pine Island Rd, Ste. 300
CITY-ST-ZIP Plantation FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME Kenneth Sarden
STREET ADDRESS 600 S. Pine Island Rd, Ste. 300
CITY-ST-ZIP Plantation FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME Richard Simon, MD
STREET ADDRESS 600 S. Pine Island Rd, Ste. 300
CITY-ST-ZIP Plantation FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME Audie Rehrick, MD
STREET ADDRESS 600 S. Pine Island Rd, Ste. 300
CITY-ST-ZIP Plantation FL 33324

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

Date

Daytime Phone #

CR2E083 (11/00)