# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUN -6 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000005218

1. Entity Name
OCSF PHYSICIANS, L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 600 SOUTH PINE ISLAND BLVD<br>PLANTATION FL 33324 | 600 SOUTH PINE ISLAND BLVD<br>PLANTATION FL 33324 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 600 South Pine Island Rd | 600 South Pine Island Rd |
| Suite, Apt. #, etc.: Suite 300 | Suite, Apt. #, etc.: Suite 300 |
| City & State: Plantation, FL | City & State: Plantation, FL |
| Zip: 33324 Country: USA | Zip: 33324 Country: USA |

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0117362 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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**
**Due By May 1, 2002**

300005178643--9
-04/01/02--01026--003
****200.00 ****50.00

| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>JACOBS, STEVEN MD<br>600 SOUTH PINE ISLAND BLVD<br>PLANTATION FL 33324 | ☐ Delete | ☒ Change ☐ Addition | 600 South Pine Island Road, #300<br>Plantation, FL 33324 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>BOKOWITZ, BRUCE MD<br>600 S. PINE ISLAND RD. SUITE 300<br>PLANTATION FL 33324 | ☐ Delete | ☒ Change ☐ Addition | Berkowitz, Bruce MD |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>CHAYET, BRAD MD<br>600 S. PINE ISLAND RD. SUITE 300<br>PLANTATION FL 33324 | ☐ Delete | ☐ Change ☐ Addition | FF $50.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>CUMMINGS, PHILIP MD<br>600 S. PINE ISLAND RD. SUITE 300<br>PLANTATION FL 33324 | ☐ Delete | ☐ Change ☐ Addition | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>JARDEN, KENNETH MD<br>600 S. PINE ISLAND RD. SUITE 300<br>PLANTATION FL 33324 | ☐ Delete | ☒ Change ☐ Addition | Jarolem, Kenneth MD |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>SIMA, RICHARD<br>600 S. PINE ISLAND RD. SUITE 300<br>PLANTATION FL 33324 | ☐ Delete | ☒ Change ☐ Addition | Simon, Richard MD |

CR2E083 (9/01)

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:** _____ 2/14/02 (954)418-6344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #