

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90318 007 \*\*\*\*50.00

**DOCUMENT # L00000005218**

1. Entity Name

OCSF PHYSICIANS, L.L.C.



Principal Place of Business

600 SOUTH PINE ISLAND BLVD. SUITE 300  
PLANTATION FL 33324

Mailing Address

600 SOUTH PINE ISLAND BLVD. SUITE 300  
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

4. FEI Number **65-1011736**

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

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACOBS, STEVEN MD <i>Rd</i> 600 SOUTH PINE ISLAND BLVD, SUITE 300 PLANTATION FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERKOWITZ, BRUCE MD 600 S. PINE ISLAND RD. SUITE 300 PLANTATION FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHAYET, BRAD MD 600 S. PINE ISLAND RD. SUITE 300 PLANTATION FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CUMMINGS, PHILIP MD 600 S. PINE ISLAND RD. SUITE 300 PLANTATION FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAROLEM, KENNETH MD 600 S. PINE ISLAND RD. SUITE 300 PLANTATION FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMON, RICHARD 600 S. PINE ISLAND RD. SUITE 300 PLANTATION FL 33324	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rolnick, <del>And</del> Audie M. MD 600 S Pine Island Rd #300 Plantation, FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**

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

Date

Daytime Phone #

CR2E083 (10/02)