## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0000005218

1. Entity Name

OCSF PHYSICIANS, L.L.C.



**FILED** Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90318 007 \*\*\*\*50.00

			1	TIEST I			
Principal Pla	ace of Business	Mailing Address					
600 South Pine Island BLVD. Suite 300 Plantation FL 33324		600 SOUTH PINE ISLAN PLANTATION FL 33324	600 SOUTH PINE ISLAND BLVD. SUITE 300 PLANTATION FL 33324		₩.V	, , , , , , , , , , , , , , , , , , , ,	
2. Principal	Place of Business	3. Mailing Address					
Cuite A-A H					11 <b>6</b> 11 811 88116 88161 88161 88161 881	11 96114 89181 81(18 1198)	I SANDE SANDE
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF N	MAKING CHANGES	3
City & State		City & State	City & State		nber <b>65-1011736</b>		pplied For
Zip Country		Zip	Zip Country		ate of Status Desired	□ \$5.00 Ad	
	6. Name and Address of Currer	nt Registered Agent		7. Name a	nd Address of New Regis	Fee Require	ed
			Name				
ZISKIND & ARVIN, P.A.			Street A	ران باز مها محد محدد المحدد			
444 BRICKELL AVENUE SUITE 400			Street	Street Address (P.O. Box Number is Not Acceptable)			
MIAMI BEACH FL 33131							
Will	WIII DEACHTE SOIO!		City			FL Zip Coo	de
8. The above	named entity submits this statement	for the purpose of changing	its registered office o	r registered agent, or I	ooth, in the State of Florida	. I am familiar with,	and accept
the obliga	tions of registered agent.			•			.
SIGNATURE	Signature, typed or printed name of registered ager	t and title if applicable.	OTE DESIGNATION				<u></u>
<del>-</del>	Signature of printed libit of legisland agen			ure required when reinstating)	<del>                                     </del>	DATE	
			NOW!!! FEE IS \$				
		Make Check Paya					
	14444041041545		ue By May 1, 200	J			
9. TITLE	MANAGING MEMB		10.		ADDITIONS/CHA	ANGES	· · · · · · · · · · · · · · · · · · ·
NAME	140000 00000000000000000000000000000000	☐ Delete	TITLE NAME	Robert A	۸۸ مانه ۸ است	Change	Addition
JACOBS, STEVEN MD KOL STREET ADDRESS 600 SOUTH PINE ISLAND BLVD; SL		人 Pa CLIITE 200	STREET ADDRESS	MONE OF	Taland 0	d #300	Ì
PLANTATION FL 33324		D, GOITE 300	CITY-ST-ZIP	Divide Pin	<del>nd</del> Audie M e Island Ri on, Fl 3332	7	ļ
TITLE	MGRM	☐ Delete	TITLE	PIGITORIA	31 1, PC 3336	☐ Change	Addition
NAME	BERKOWITZ, BRUCE MD	L Boloto	NAME			□ Change	
STREET ADDRESS	600 S. PINE ISLAND RD. SUITE 300		STREET ADDRESS				}
CITY-ST-ZIP	PLANTATION FL 33324		CITY-ST-ZIP				
TITLE	MGRM	☐ Delete	TITLE		<del></del> -	☐ Change	Addition
NAME	CHAYET, BRAD MD		NAME				
STREET ADDRESS CITY-ST-ZIP	600 S. PINE ISLAND RD. SUITE	E-300	STREET ADDRESS	فالمان سيعت واحيث	53 455 <del></del>	• <del>-</del> · · ·	
	PLANTATION FL 33324		CITY-ST-ZIP				
itle Kame	MGRM CUMMINGS, PHILIP MD	☐ Delete	TITLE			☐ Change	☐ Addition
TREET ADDRESS	600 S. PINE ISLAND RD. SUITE	200	NAME STREET ADDRESS				,
ITY-ST-ZIP	PLANTATION FL 33324	300	CITY-ST-ZIP				Ī
TLE	MGRM	☐ Delete	TITLE			Chagas	☐ Addition
IAME	JAROLEM, KENNETH MD	C Delete	NAME			☐ Change	Addition
TREET ADDRESS	600 S. PINE ISLAND RD. SUITE	300	STREET ADDRESS				
ITY-ST-ZIP	PLANTATION FL 33324		CITY-ST-ZIP				
ITLE	MGRM	☐ Delete	TITLE			☐ Change	Addition
IAME	SIMON, RICHARD		NAME				
TREET ADDRESS	600 S. PINE ISLAND RD. SUITE	300	STREET ADDRESS				[
ITY-ST-ZIP	PLANTATION FL 33324	1	CITY-ST-ZIP				1

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:

Date

Daytime Phone #