

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005594

1. Entity Name

PAIN AND PALLIATIVE CARE ASSOCIATION LLC

FILED

01 APR 16 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

909 STONE CREEK COURT
LONGWOOD FL 32779

Mailing Address

909 STONE CREEK COURT
LONGWOOD FL 32779

2. Principal Place of Business

827 N Summerlin Ave

3. Mailing Address

827 N Summerlin Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3660310

Applied For

Not Applicable

Zip

32803

Country

USA

Zip

32803

Country

USA

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VARGA, JIM

909 STONE CREEK COURT
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name

James Varga

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

827 N Summerlin Ave

City Orlando

FL

Zip Code

32803

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

James Varga

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/1/01

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete
James Varga
STREET ADDRESS 827 N Summerlin Ave
CITY-ST-ZIP Orlando, FL 32803

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 700004064897--7
CITY-ST-ZIP -04/24/01--01102--008

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****55.00 *****55.00
CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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:

James Varga

3/1/01

Date

407 896-1564

Daytime Phone #

CR2E083 (11/00)