

# 2002 UNIFORM BUSINESS REPORT (UBR)

3/24

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90020 031 \*\*\*\*50.00

**DOCUMENT # L00000010608**

1. Entity Name

**MAGNOLIA MEDICAL CLINIC FACILITIES, L.L.C.**

Principal Place of Business

131 MAGNOLIA AVENUE, S.E.  
FT. WALTON BEACH FL 32548

Mailing Address

131 MAGNOLIA AVENUE, S.E.  
FT. WALTON BEACH FL 32548

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-6144778**

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

**BUCKLEW, B.A. M.D.**  
**131 MAGNOLIA AVENUE, S.E.**  
**FT. WALTON BEACH FL 32548**

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**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

T  
RUSSELL, A. BARNARD M.D.  
131 MAGNOLIA AVENUE, S.E.  
FT. WALTON BEACH FL 32548

☐ Delete

President, Managing Member  
Russell, A. Barnard, M.D.

☒ Change ☐ Addition

S  
SITES, JOHN D M.D.  
131 MAGNOLIA AVENUE, S.E.  
FT. WALTON BEACH FL 32548

☐ Delete

Managing Member  
Sites, John D. M.D.

☒ Change ☐ Addition

V  
BUCKLEW, B.A. M.D.  
131 MAGNOLIA AVENUE, S.E.  
FT. WALTON BEACH FL 32548

☐ Delete

Secretary/Treasurer  
Managing Member  
Bucklew, B.A. M.D.

☒ Change ☐ Addition

P  
SENECHAL, PETER K M.D.  
131 MAGNOLIA AVENUE, S.E.  
FT. WALTON BEACH FL 32548

☐ Delete

Vice-President  
Managing Member  
Seneschal, Peter K. M.D.

☒ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ 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: *A. Barnard Russell, MD, President*

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

*3/7/2002 (950) 243-7681*

Date

Daytime Phone #

CR2E083 (9/01)