

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

03-21-2003 90032 001 \*\*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-6144778**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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:

*B.A. Bucklew* **B.A. Bucklew, MD**, 3/13/2003 850-243-7691

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

Date

Daytime Phone #

SECRET (10/02)