

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 29, 2002 8:00 am
Secretary of State

09-29-2002 90003 025 ****55.00

DOCUMENT # L00000011349

1. Entity Name

PALMER CLINIC ON THE KEY, LLC

Principal Place of Business

**240 CRANDON BLVD., SUITE 215
 KEY BISCAINE FL 33149**

Mailing Address

**24 W. ENID DR., SUITE C
 KEY BISCAINE FL 33149**

2. Principal Place of Business

3. Mailing Address

240 CRANDON BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

215

City & State

City & State

KEY BISCAINE, FL

Zip

Country

Zip

Country

33149

4. FEI Number **APPLIED FOR
 752972678**

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

**DE LA CRUZ, LUIS F JR.
 95 MERRICK WAY, SUITE 440
 CORAL GABLES FL 33134**

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 Department of State
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
 NAME **PALMER, ROGER F M.D.**
 STREET ADDRESS **24 W. ENID DR., SUITE C**
 CITY-ST-ZIP **KEY BISCAINE FL 33149**

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

TITLE **MGRM** ☐ Delete
 NAME **PALMER, NELIDA**
 STREET ADDRESS **24 W. ENID DR., SUITE C**
 CITY-ST-ZIP **KEY BISCAINE FL 33149**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

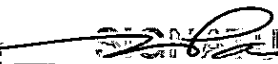
TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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:  REQUIRED

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

Date

Daytime Phone #

CR2E083 (4/02)