

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90576 025 \*\*\*\*50.00

**DOCUMENT # L00000011349**

1. Entity Name  
**PALMER CLINIC ON THE KEY, LLC**



Principal Place of Business  
**240 CRANDON BLVD., SUITE 215  
KEY BISCAVNE, FL 33149**

Mailing Address  
**240 CRANDON BLVD., SUITE 215  
KEY BISCAVNE, FL 33149**



☐ CHECK HERE IF MAKING CHANGES

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  
**75-2972678**

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.  
96 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 Agents signature required when registering)

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  
PALMER, ROGER F M.D.  
24 W. ENID DR., SUITE C  
KEY BISCAVNE, FL 33149** ☐ Delete

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

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

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

TITLE  
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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 606, Florida Statutes.

SIGNATURE:

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

**NELIDA PALMER MGRM**

Date

Daytime Phone #

**305**

**361-8655**

CR2E083 (10/02)