

2001 UNIFORM BUSINESS REPORT (UBR)

0013617 AF

DOCUMENT # L00000012996

1. Entity Name

BIBSY'S HEALTH CARE PLUS, LLC

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

624 28TH STREET
WEST PALM BEACH FL 33407

624 28TH STREET
WEST PALM BEACH FL 33407

2. Principal Place of Business

3. Mailing Address

624 28th Street

Same.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

West Palm Beach

Zip
FL 33407

Country
Palm Beach

Zip

Country

4. FEI Number

65-0995176

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

DAVIS, HYACINTH
3526 OBERON AVENUE
BOYNTON BEACH FL 33436

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ADMINISTRATOR
NAME HYACINTH DAVIS
STREET ADDRESS 3526 OBERON AVE.
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MANAGER
NAME HILDA MAY DAVIS
STREET ADDRESS 624 28th St.
CITY-ST-ZIP West Palm Beach FL 33407

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 608, Florida Statutes.

SIGNATURE: Hyacinth Davis, Administrator

01/30/201.561)832-9361

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

Date

Daytime Phone #

CR2E083 (11/00)