

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90007 034 ****50.00

DOCUMENT # L00000015166

1. Entity Name
NELSON M. KARP, M.D., LLC



Principal Place of Business

**535 FLAGLER DR.
WEST PALM BEACH FL 33401**

Mailing Address

**460 S. INDEPENDENCE BLVD.
VIRGINIA BEACH VA 23452**

2. Principal Place of Business

535 SOUTH FLAGLER PARKWAY
Suite, Apt. #, etc.

3. Mailing Address

4837 KEMPSONVILLE BLVD. N.W.
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

West Palm Beach, FL

City & State

Virginia Beach, VA

4. FEI Number **58-2602896**

Applied For
Not Applicable

Zip

33401

Country

FL

Zip

23462

Country

VA

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

6. Name and Address of Current Registered Agent

**KARP, NELSON M MD
777 BRICKELL AVE., STE. 1111
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **CORPORATE CREATIONS INC.**
Street Address (P.O. Box Number is Not Acceptable)
941 FIDELITY STREET #200
City **Miami Beach** **FL** Zip Code **33139**

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 **Nelson M. Karp, M.D.**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **KARP, NELSON M MD**
STREET ADDRESS **535 FLAGLER DR.**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

10. ADDITIONS/CHANGES

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/13/03
Date

800-723-2513
Daytime Phone #

CR2E083 (10/02)