

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015360

1. Entity Name

ORMOND NAPROPATHY CLINIC, LLC

Principal Place of Business

115 E Granada Blvd #4
Ormond Beach, FL
32176

Mailing Address

P.O. Box 291806
Port Orange FL
32129

2. Principal Place of Business

3. Mailing Address

Suite 4

P.O. Box 291806

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ormond Beach

Port Orange

City & State

City & State

FL

FL

Zip

Country

Zip

Country

32176

Volusia

32129

Volusia

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DR. Mun Lee, Lopez
115 E Granada Blvd #4
Ormond Beach, FL 32176

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

Lee Lopez Lee Lopez (owner)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

Feb-13-01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME Lee Lopez
STREET ADDRESS 115 E Granada Blvd #4
CITY-ST-ZIP Ormond Beach FL 32176

TITLE CO-owner
NAME MR. CESAR LOPEZ
STREET ADDRESS 115 E Granada Blvd #4, DB FL
CITY-ST-ZIP 32176

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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:

Cesar Lopez CESAR LOPEZ Feb-13-01 9:46:25-8493

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

Date

Daytime Phone #

FILED

01 FEB 26 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)