

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0036170

DOCUMENT # L01000000743

1. Entity Name

CENTER PROPERTIES-LAKE ST. CHARLES MEDICAL CENTE  
R, LLC



FILED

03 APR 10 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

27001 US 19 NORTH, STE. 2095  
CLEARWATER FL 33761-3490

Mailing Address

27001 US 19 NORTH, STE. 2095  
CLEARWATER FL 33761-3490

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 59-3698171

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POLLACK, LOREN M  
27001 US HWY 19 N STE 2095  
CLEARWATER FL 33761

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CENTER PROP OF TAMPA BAY INC 27001 US HWY 19 N STE 2095 CLEARWATER FL 33761	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAHN, RANDY 27001 US HWY 19 N STE 2095 CLEARWATER FL 33761	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAHN, SUSAN 27001 US HWY 19N, STE 2095 CLEARWATER FL 33761	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

800015643788  
04/10/03--01041--006 \*\*\$5.00

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:

*Loren M. Pollack*  
LOREN M. POLLACK

4/2/03

(227) 786-1077

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

Date

Daytime Phone #

CR2E083 (10/02)