

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90221 014 ****50.00

DOCUMENT # L01000006685

1. Entity Name

OPEN DOOR HEALTH CENTER, LLC

Principal Place of Business

**1350 S.W. 4TH STREET
 HOMESTEAD FL 33030**

Mailing Address

**1350 S.W. 4TH STREET
 HOMESTEAD FL 33030**

2. Principal Place of Business

3. Mailing Address

601 Brickell Key Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
#901

City & State

City & State
Miami, FL

4. FEI Number

59-0832640

Applied For

Not Applicable

Zip

Country

Zip

Country

33131

USA

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

**AMERICAN INFORMATION SERVICES, INC.
 ONE SOUTHEAST THIRD AVE.
 28TH FLOOR
 MIAMI FL 33131**

Name

Adams, Richard B.

Street Address (P.O. Box Number is Not Acceptable)

Adams & Adams

66 W. Flagler Street, 5th Floor

City

Miami, FL

FL

Zip Code

33130

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **MGRM**
 STREET ADDRESS **Adams, Richard B.**
 CITY-ST-ZIP **601 Brickell Key Drive, #901**
Miami, FL. 33131

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **MGR**
 STREET ADDRESS **Grossman, M.D., Philip**
 CITY-ST-ZIP **601 Brickell Key Drive, #901**
Miami, FL. 33131

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **MGR**
 STREET ADDRESS **Nordqvist, M.D., Staffan**
 CITY-ST-ZIP **601 Brickell Key Drive, #901**
Miami, FL. 33131

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/29/02 305371

CR2E083 (9/01)