

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90064 049 *****50.00

DOCUMENT # L01000013168

1. Entity Name

FORD THERAPEUTIC SERVICES, LLC



Principal Place of Business

**9133 COLLINS AVE. #2H
SURFSIDE FL 33154**

Mailing Address

**9133 COLLINS AVE. #2H
SURFSIDE FL 33154**

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 **65-1150827**

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

**SUSAN FORD HAMMAKER
9133 COLLINS AVE. #2H
SURFSIDE FL 33154**

Name

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

9133 Collins Avenue

City

Surfside

FL

Zip Code

33154

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

1/27/03

**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 **MGR** ☐ Delete
NAME **SUSAN FORD HAMMAKER**
STREET ADDRESS **9133 COLLINS AVE. #2H**
CITY-ST-ZIP **SURFSIDE FL 33154**

TITLE **MGR** ☒ Change ☐ Addition
NAME **Susan Ford Hammaker**
STREET ADDRESS **9133 Collins Ave**
CITY-ST-ZIP **Surfside FL 33154**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

SUSAN FORD HAMMAKER

01/22/03 305-864-0072

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

Date

Daytime Phone #

CP2E083 (10/02)