

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90001 014 ****50.00

DOCUMENT # L01000013355

1. Entity Name
YOUR HOUSE DOCTORS, LLC



Principal Place of Business

**8962 VIA TUSCANY DRIVE
BOYNTON BEACH FL 33437**

Mailing Address

**8962 VIA TUSCANY DRIVE
BOYNTON BEACH FL 33437**

60002287



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

6650 LA PINA COURT

Suite, Apt. #, etc.

3. Mailing Address

6650 LA PINA COURT

Suite, Apt. #, etc.

City & State

BOCA RATON, FLORIDA

Zip
33433

Country

City & State

BOCA RATON, FLORIDA

Zip

33433

Country

4. FEI Number **65-1130225**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET, 4TH FLOOR
MIAMI FL 33145**

7. Name and Address of New Registered Agent

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

TITLE **MGR** ☐ Delete
NAME **SAUER, ANDREW H**
STREET ADDRESS **8962 VIA TUSCANY DRIVE**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **MGR** ☐ Delete
NAME **BAKER, RICHARD**
STREET ADDRESS **8962 VIA TUSCANY DRIVE**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **SAME** ☒ Change ☐ Addition
NAME
STREET ADDRESS **6650 LA PINA COURT**
CITY-ST-ZIP **BOCA RATON, FLORIDA 33433**

TITLE **SAME** ☒ Change ☐ Addition
NAME
STREET ADDRESS **5255 VENTURA DRIVE**
CITY-ST-ZIP **DEL RAY BEACH, FLORIDA 33484**

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

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

TITLE ☐ Change ☐ Addition
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:

ANDREW H. SAUER 1/10/03 (561) 358-5472

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

Date

Daytime Phone #

CR2E083 (10/02)