

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

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90134 024 ****50.00

DOCUMENT # L01000014988
1. Entity Name

PALM BEACH FAMILY PRACTICE, LLC

DO NOT WRITE IN THIS SPACE

854577

2. Principal Place of Business
1500 N. Dixie Hwy., #102
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
West Palm Bch, FL
Zip Country
33401 USA

City & State
Zip Country

4. FEI Number
65-1137319
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

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7. Name and Address of Current Registered Agent

Name
Michael S. Singer, Esq.
Street Address (P.O. Box Number is Not Acceptable)
3801 PGA Boulevard, #802
Palm Beach Gardens, FL
City
FL Zip Code
33410

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 *Earl I. LaKier*
Signature, typed or printed name of registered agent and title if applicable.

President

4/25/02
DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M
Earl I. LaKier, M.D.
1500 N. Dixie Hwy., Suite 102
West Palm Beach, FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M
Donald R. Watren, M.D.
1500 N. Dixie Hwy., #102
West Palm Beach, FL 33401

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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: *Earl I. LaKier* MD EARL I. LAKIER, M.D., MEMBER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/25/02 561-655-9660
Date Daytime Phone #

CR2E083B (12/01)