

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

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90048 012 \*\*\*\*50.00

**DOCUMENT # L01000014988**

1. Entity Name

**PALM BEACH FAMILY PRACTICE, LLC**



Principal Place of Business

**1500 N DIXIE HWY  
# 102  
WEST PALM BEACH FL 33401  
US**

Mailing Address

**1500 N DIXIE HWY  
# 102  
WEST PALM BEACH FL 33401  
US**

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 **65-1137319**

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

**SINGER, MICHAEL S ESQ.  
3801 PGA BOULEVARD  
SUITE 802  
PALM BEACH GARDENS FL 33410**

Name **Donald R. Watren, M.D.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1500 N. Dixie Hwy., Suite 102**  
City **W. Palm Beach** FL Zip Code **33401**

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. **Donald R. Watren, MD**

SIGNATURE **Donald R. Watren MD member**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/20/03**

**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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
MGR	LAKIER, EARL I MD	1500 N DIXIE HWY STE 102	WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGR	WATREN, DONALD R MD	1500 N DIXIE HWY STE 102	WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input checked="" type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Donald R. Watren, M.D. member**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

**561/655-9660**

CR2E083 (10/02)

Attachment

20019489  
# 201000014988

WALLACE ACCOUNTING & TAX SERVICES  
5626 GUN CLUB ROAD  
WEST PALM BEACH, FL 33415  
(561) 686-9442  
FAX (561) 686-7773

January 16, 2003

Donald Watren, M.D.  
Palm Beach Family Practice LLC  
1500 North Dixie Highway, Suite 102  
West Palm Beach, FL 333401

PERSONAL & CONFIDENTIAL

RE: Uniform Business Report 2003

Dear Dr. Watren:

Enclosed is the filled out Uniform Business Report for 2003 which is required by the State of Florida each year. Please sign where indicated. (I am showing you as the Registered Agent since Mr. Singer is no longer your attorney and you do not have to have an attorney act as Registered Agent.)

Write a check for \$50.00 and make it payable to the Florida Department of State. Put the FEI number in the memo part of the check and mail it in the enclosed envelope. Keep a copy for your records.

Sincerely,

Carol Wallace

Carol Wallace  
Accountant

Enclosures

cc: Earl I. La Kier, M.D.