

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Oct 02, 2002 8:00 am
Secretary of State

09-12-2002 90089 010 ****55.00

DOCUMENT # L01000020232

1. Entity Name

COLBY-CLARK, LLC

Principal Place of Business

5824 BEE RIDGE RD., #414
SARASOTA FL 34233

Mailing Address

5824 BEE RIDGE RD., #414
SARASOTA FL 34233

99999

2. Principal Place of Business

4824 Benchmark Ct

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Zip

34238

Country

Sarasota

Zip

Country

4. FEI Number

82-0552457

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PETERS, BONITA L
4824 BENCHMARK CT.
SARASOTA FL 34238

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 Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME VP Clinical Operations, MGRM
STREET ADDRESS Bonita L. Peters
CITY-ST-ZIP 4824 Benchmark Ct
Sarasota FL 34238

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

10.

ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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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: Bonita L. Peters Bonita L. Peters Managing Member 9-4-02 941-923-2608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/02)