LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

AMENDED UNIFORM BUSINESS REPORT

02 JUL 19 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000021319

1. Entity Name

APEX HEALTH CARE SERVICES, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2801 Ponce de Leon Blvd.
Suite, Apt. #, etc.
1060
City & State
Coral Gables, Florida
Zip 33134
Country USA

3. Mailing Address
same
Suite, Apt. #, etc.
City & State
Zip
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1157745
Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Richard Weiss
Street Address (P.O. Box Number is Not Acceptable) 2801 Ponce de Leon Boulevard, #1060
City Coral Gables FL Zip Code 33134

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 [signature] 7/10/2002
Signature, typed or printed name of registered agent and title if applicable. Richard Weiss, Manager
DATE

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

600006561516--7
-07/23/02--01004--013
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Richard Weiss, 2801 Ponce de Leon Blvd., #1060, Coral Gables, Florida 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Rafael Perez, 2801 Ponce de Leon Blvd., #1060 Coral Gables, Fl 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Dora Rodriguez-Duran 2801 Ponce de Leon Blvd.,#1060 Coral Gables, Fl 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Gemma Rosello 2801 Ponce de Leon Blvd., #1060 Coral Gables, Florida 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E083B (12/01)

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: [signature] 7/10/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Richard Weiss Manager
Date
Daytime Phone #