

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 30, 2002 8:00 am
Secretary of State

09-30-2002 90173 046 ****50.00

DOCUMENT # L01000021814

1. Entity Name
BOCA HEALTH SPECIALISTS, L.L.C.

Principal Place of Business
**10491 STONEBRIDGE BOULEVARD
 BOCA RATON FL 33498**

Mailing Address
**10491 STONEBRIDGE BOULEVARD
 BOCA RATON FL 33498**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
670 GLADES RD
 Suite, Apt. #, etc.
320

3. Mailing Address
670 GLADES RD
 Suite, Apt. #, etc.
320

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

Zip **33431** Country **USA**

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4. FEI Number
04-3600497

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

**RHEINGOLD, OWEN J M.D.
 10491 STONEBRIDGE BLVD.
 BOCA RATON FL 33498**

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

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
	MGRM RHEINGOLD, OWEN J		
	10491 STONEBRIDGE BOULEVARD		
	BOCA RATON FL 33498		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
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CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
	<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: **X** *OWEN J. RHEINGOLD* **SIGNATURE REQUIRED** **OWEN J. RHEINGOLD** **9/23/02** **(561) 395-9225**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/02)