

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2003 8:00 am
Secretary of State

04-30-2003 90185 022 ****50.00

DOCUMENT # L02000008567

1. Entity Name

A.C. MEDICAL CARE, PL



Principal Place of Business

**2880 PIPER WAY
WELLINGTON FL 33414**

Mailing Address

**2880 PIPER WAY
WELLINGTON FL 33414**

44002099

2. Principal Place of Business

4698 FOREST HILL BLVD

Suite, Apt. #, etc.

Suite B

3. Mailing Address

4698 FOREST HILL BLVD

Suite, Apt. #, etc.

Suite B

☐ CHECK HERE IF MAKING CHANGES

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

4. FEI Number

71-0876524

Applied For

☐ Not-Applicable

Zip

33415

Country

U.S.A.

Zip

33415

Country

U.S.A.

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CELESTIN, ILEANA
2880 PIPER WAY
WELLINGTON FL 33414**

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE

MGRM

☐ Delete

NAME

CELESTIN, ANDRE

STREET ADDRESS

2880 PIPER WAY

CITY-ST-ZIP

WELLINGTON FL 33414

TITLE

☐ Delete

NAME

☐ Delete

STREET ADDRESS

☐ Delete

CITY-ST-ZIP

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TITLE

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NAME

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STREET ADDRESS

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CITY-ST-ZIP

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TITLE

☐ Delete

NAME

☐ Delete

STREET ADDRESS

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CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE

☐ Change ☐ Addition

NAME

☐ Change ☐ Addition

STREET ADDRESS

☐ Change ☐ Addition

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

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NAME

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STREET ADDRESS

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CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/19/03

Date Daytime Phone #

CR2E083 (10/02)