

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2003 8:00 am**  
**Secretary of State**

2/1

02-24-2003 90052 001 \*\*\*\*50.00

**DOCUMENT # L02000010856**

1. Entity Name

**SOKOLOWICZ & HELLER, M.D., LLC**



Principal Place of Business

Mailing Address

8525 SW 92ND STREET  
MIAMI FL 33156

8525 SW 92ND STREET  
MIAMI FL 33156

2. Principal Place of Business

3. Mailing Address

8525 SW. 92 St.

8525 S.W. 92 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

D13

D13

City & State

City & State

Miami, Florida

Miami, Florida

Zip

Country

Zip

Country

33156

USA

33156

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KTG&S REGISTERED AGENT CORPORATION**  
100 S.E. 2ND STREET  
SUITE 2800  
MIAMI FL 33131-1714

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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Dr.  
Dean Heller  
8525 S.W. 92 St.  
Miami, FL 33156

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Dr.  
JOHN SOKOLOWICZ  
8525 S.W. 92 St D13  
Miami, FL 33156

☐ Delete

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

TITLE  
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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

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

Date

Daytime Phone #

2/21/03

CR2E083 (10/02)