

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90014 010 ****50.00

DOCUMENT # L02000018208

1. Entity Name

**WEST COAST PERSONAL INJURY & FAMILY MEDICINE, LL
C**



Principal Place of Business

**5320 DUHME ROAD
MADEIRA BEACH FL 33708
US**

Mailing Address

**5320 DUHME ROAD
MADEIRA BEACH FL 33708
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2373653

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KANTZLER, MARK G
320 DUHME ROAD
MADEIRA BEACH FL 33708**

7. Name and Address of New Registered Agent

Name

MARK G. KANTZLER

Street Address (P.O. Box Number is Not Acceptable)

5320 DUHME ROAD

MADEIRA BEACH, FL 33708

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

5/9/03

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

**MGRM
KANTLER, MARK G
5320 DUHME ROAD
MADEIRA BEACH FL 33708**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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

5/9/03 727 398 3011

Date

Daytime Phone #

CR2E083 (10/02)

Attachment

10104491
LO 2000018208

West Coast Personal Injury & Family Medicine

Mark G. Kantzler D.O.

5320 Duhme Rd.

Madeira, FL 33708-2755

tel 727 398 3011 fax 727 391 3938

9 May 2003

Division of Corporations

P.O. Box 6478

Tallahassee, FL 32314-6478

Dear Representative,

Please accept the enclosed \$50.00 as our annual filing fee. I just received the filing form and realize it is a few days late. The delay in receiving the form was due to a slight change in address from our previous one which rerouted the mail and the fact that we changed accountants recently and the form was sent out later than usual.

As it is so close to the cut off date and given the circumstances I dearly hope that you will understand and forgive the late filing fee.

Thank you in advance.

Sincerely Yours,



Mark G. Kantzler D.O.