FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92177 024 ***150.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000022402

1. Entity Name
PRIMARY CARE OF HALLANDALE, LLC

30069477

Principal Place of Business	Mailing Address
1001 NORTH FEDERAL HIGHWAY UNIT 101 HALLANDALE, FL 33009	1001 NORTH FEDERAL HIGHWAY UNIT 101 HALLANDALE, FL 33009

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1001 N FEDERAL HGWY	PO BOX 800217
Suite, Apt. #, etc. UNIT 106	Suite, Apt. #, etc.
City & State HALLANDALE FL	City & State MIAMI FL
Zip 33009 Country USA	Zip 33280-0217 Country USA

4. FEI Number ☒ 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
SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22 STREET 4TH FL MIAMI, FL 33145	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	MGR D BROOKE A. FLORES 1001 N. FEDERAL HGWY UNIT 106 HALLANDALE FL 33009 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: Brooke A Flores BROOKE A FLORES 4/30/03 9544589898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #