

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90228 030 ****50.00

DOCUMENT # L02000026107

1. Entity Name

PRO-CARE PHYSICIANS, L.L.C.



Principal Place of Business

Mailing Address

**8022 CALABRIA CT.
ORLANDO FL 32936**

**8022 CALABRIA CT.
ORLANDO FL 32936**

2. Principal Place of Business

3. Mailing Address

8337 DIAMOND COVE CR.

P.O. Box 22793

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

LAKE BUENA VISTA, FL

Zip

32836

Country

USA

Zip

32830

Country

U.S.A.

4. FEI Number

61-1427566

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

**REHMAN, ARIF UR
8022 CALABRIA CT.
ORLANDO FL 32936**

7. Name and Address of New Registered Agent

Name

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

8337 DIAMOND COVE CR.

City

ORLANDO

FL

Zip Code

32836

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

**MGRM
REHMAN, ARIF UR
8022 CALABRIA CT.
ORLANDO FL 32936**

☐ 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 OF REGISTERED AGENT REHMAN

4/21/03

(407) 352 4442

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

Date

Daytime Phone #

CR2E083 (10/02)