

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

02-05-2003 90032 005 ****50.00

DOCUMENT # L02000026160

1. Entity Name
REEF HEALTH, LLC



Principal Place of Business

**24 DOCKSIDE LANE
PMB 58
KEY LARGO FL 33037
US**

Mailing Address

**24 DOCKSIDE LANE
PMB 58
KEY LARGO FL 33037
US**

2. Principal Place of Business

3. Mailing Address

% Howard Lucas, CPA, Goldstein, Schechter, Price, et. al.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2121 Ponce De Leon Blvd, Suite 1100

City & State

City & State

Coral Gables, FL

4. FEI Number

54-2075148

Applied For

Not Applicable

Zip

Country

Zip

Country

33134

USA

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

**FISHER, ROBERT L
18 WEST SNAPPER POINT DRIVE
KEY LARGO FL 33037**

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 **MGRM** ☐ Delete
NAME **FISHER, ROBERT L**
STREET ADDRESS **24 DOCKSIDE LANE, PMB 58**
CITY-ST-ZIP **KEY LARGO FL 33037**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

Robert L. Fisher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

1/21/03

Daytime Phone #

305-367-8948

CR2E083 (10/02)