ZOZA & FERNANDE-FRAGA 3C

3/3/2003-90005-044-$50.00-$50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

3/3/2003

FILED
03 OCT 14 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

55055645

[redacted]

DOCUMENT # L02000027420

1. Entity Name
SYSTEMATIC HEALTH CARE MANAGEMENT LLC

Principal Place of Business
2260 SW 8TH STREET, 3RD FL
MIAMI FL 33135

Mailing Address
2260 SW 8TH STREET, 3RD FL
MIAMI FL 33135

2. Principal Place of Business	3. Mailing Address
	3233 PALM AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.: 4th FLOOR
City & State	City & State: HIALEAH FLORIDA
Zip / Country	Zip: 33012 / Country: USA

☒ CHECK HERE IF MAKING CHANGES
56-2300003

4. FEI Number 56-2300003 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ARAZOZA & FERNANDEZ-FRAGA, P.A.
2100 SALZEDO STREET, STE. 300
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
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: P NAME: LUIS CRUZ STREET ADDRESS: 3233 PALM AVE CITY-ST-ZIP: HIALEAH, FLORIDA	☐ Delete	TITLE: President NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: S NAME: JOSE M. GARCIA SR STREET ADDRESS: 3233 PALM AVENUE CITY-ST-ZIP: HIALEAH, FLORIDA	☐ Delete	TITLE: Sec. NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 — 2-13-03 — (305) 642-0890
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E050 (10/02)