

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0010469

DOCUMENT # L02000029496

1. Entity Name

US SELECT HEALTHCARE, LLC



FILED

03 SEP 22 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1270 N. WICKHAM RD., PMB 214
MELBOURNE FL 32935

Mailing Address

1270 N. WICKHAM RD., PMB 214
MELBOURNE FL 32935

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

61-1430769

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

SAWYER, CONRAD ESQ
1413 N. 50TH AVENUE
HOLLYWOOD FL 33021

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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME ~~CHANDLER~~ M6 R3
STREET ADDRESS Henry COTE
CITY-ST-ZIP 1270 N. Wickham Rd, 1624
Melbourne, FL

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
000023398440
09/29/03--01029--024 **50.00

☐ Change

☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE NAME
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CITY-ST-ZIP ☐ Delete

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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 owner 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

Date

Daytime Phone #

CF2E083 (4/03)