

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 06, 2003 8:00 am
Secretary of State

02-21-2003 90017 049 ****50.00

DOCUMENT # L02000032771

1. Entity Name

PRIMARY BACK CARE, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1745 BOBTAIL DR

Suite, Apt. #, etc.

3. Mailing Address

1745 BOBTAIL DR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MAITLAND FL

City & State

MAITLAND FL

Zip

32751

Country

USA

Zip

32751

Country

USA

4. FEI Number

76-0720109

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

STEPHEN C JOHNSON

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

12134 LAKE UNDERHILL RD

City ORLANDO

FL

Zip Code

32825

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
OWNER/Managing member
CAREY A JOHNSON
1745 BOBTAIL DR
MAITLAND, FL 32751

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: Carey A. Johnson

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

Date

Daytime Phone #

CR2E083B (12/02)