2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 AM
Secretary of State

DOCUMENT# L94000000094

Entity Name: IMMOKALEE FAMILY DOCTOR'S CLINIC, L.C.

Current Principal Place of Business:

1501 B. SIXTH AVE.
IMMOKALEE, FL 33934

New Principal Place of Business:

Current Mailing Address:

1501 B. SIXTH AVE.
IMMOKALEE, FL 33934

New Mailing Address:

FEI Number: 65-0469967 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PUERTO, JUAN R DR.
1501 B. SIXTH AVE.
IMMOKALEE, FL 33934 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: PUERTO, JUAN R DR.
Address: 1501 B. SIXTH AVE.
City-St-Zip: IMMOKALEE, FL 33934

Title: MGRM ( ) Delete
Name: PUERTO, CAROL
Address: 1501 B. SIXTH AVE.
City-St-Zip: IMMOKALEE, FL 33934

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JUAN PUERTO MGR 04/11/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date