

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0018919 AF

DOCUMENT # L95000000286

1. Entity Name

UNITED SOUTHERN HEALTH GROUP, L.C.

01 MAY -2 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2151 NE COACHMAN RD
CLEARWATER FL 33765

2151 NE COACHMAN RD
CLEARWATER FL 33765



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3307480

Applied For

Not Applicable

Zip

Country

Zip

Country

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

THOMAS, DAVID
2151 NE COACHMAN RD.
CLEARWATER FL 33765

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.

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 Department of State

100004302891--8
-05/23/01--01104--022
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGRM
NAME BONSEL, BRUCE
STREET ADDRESS 350-A ALTERNATE 19
CITY-ST-ZIP PALM HARBOR FL 34683 ☒ Delete

TITLE MANAGING PTRN
NAME David Thomas
STREET ADDRESS 2151 NE Coachman
CITY-ST-ZIP Clearwater, FL 33765 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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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

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

4/15/01 727-447-3668
Date Daytime Phone #

CR2E083 (11/00)