05-15-2002 90051 042 ***150.00
L95000000522

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000522

1. Entity Name
LIFE FAMILY PRACTICE CENTER, P.L.

FILED
02 SEP -6 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business
8985 NE 134TH AVENUE
LADY LAKE FL 32159

Mailing Address
8985 NE 134TH AVENUE
LADY LAKE FL 32159

2. Principal Place of Business: 1501 US HIGHWAY 441 N
Suite, Apt. #, etc.: SUITE 1702
City & State: The Villages, FL
Zip: 32159 Country: USA

3. Mailing Address: 1501 US HIGHWAY 441 N.
Suite, Apt. #, etc.: SUITE 1702
City & State: The Villages, FL
Zip: 32159 Country: USA

4. FEI Number 59-3322085 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SMITH, PHILLIP S ESQ
918 WEST MAIN STREET
LEESBURG FL 34748

7. Name and Address of New Registered Agent
Name: KRAUCAK, NELSON
Street Address (P.O. Box Number is Not Acceptable): 1501 US HIGHWAY 441 NORTH
SUITE 1702
City: THE VILLAGES FL Zip Code: 32159

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] 09/06/2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW! FEE IS $30.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM KRAUCAK, NELSON 8985 NE 134TH AVENUE LADY LAKE FL 32159 ☐ 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] KRAUCAK NELSON 09/06/2002 (352) 243-587