

2000 UNIFORM BUSINESS REPORT (UBR)

0006943 AF

DOCUMENT # L96000000158

1. Entity Name
S/R AMERICAN MED-CARE CENTERS, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 14 PM 12:43

Principal Place of Business
3047 FOREST HILL BLVD
#42
WEST PALM BEACH FL 33406

Mailing Address
3047 FOREST HILL BLVD
#42
WEST PALM BEACH FL 33406-5908



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 65-0638445

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

REIMER, BRIAN D
3047 FOREST HILL BLVD
#42
WEST PALM BEACH FL 33406

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

mf 2/23/00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP

MGRM SILVERMAN, STEVEN R 3184 S. CONGRESS AVE. PALM SPRINGS FL 33461 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

MGRM REIMER, BRIAN D 3184 S. CONGRESS AVE. PALM SPRINGS FL 33461 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete

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

3047 Forest Hill Blvd WPB FL 33406

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

3047 Forest Hill Blvd West Palm Beach FL 33406

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

400003152114-5
-02/29/00-01084-024
*****50.00 *****50.00

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

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 OR MANAGER

Date

Daytime Phone #

(561) 967-6655 2/27/09

CR2E083 (9/99)