

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90172 027 ****50.00

DOCUMENT # L96000000497

1. Entity Name

PROPHECY GROUP, L.C.

Principal Place of Business

**1005 W COLLEGE BLVD. SUITE A
NICEVILLE FL 32578**

Mailing Address

**1005 W COLLEGE BLVD. SUITE A
NICEVILLE FL 32578**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3378308

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PERRI, DANIEL C
5 CLIFFORD DRIVE
SHALIMAR FL 32579**

7. Name and Address of New Registered Agent

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HARRIS, MICHAEL A
1005 W COLLEGE BLVD, SUITE A
NICEVILLE FL 32578** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MEM
MICHAEL A. HARRIS M.D.P.A. PENSION PLAN
1005 W COLLEGE BLVD, SUITE A
NICEVILLE FL 32578** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MEM
MARK S CALKINS M.D.P.A. RET. PLAN & TRUST
550 TWIN CITIES BLVD
NICEVILLE FL 32578** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MEM
BONE AND JOINT CLINIC PROFIT SH PL & TRUST
194 REDSTONE AVE
CRESTVIEW FL 32536** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MEM
TURNER, GREGORY W
4400 E HWY 20
NICEVILLE FL 32578** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

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☐ Change ☐ Addition

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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:

REQUIRED

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

Date

Daytime Phone #

CR2E083 (9/01)