

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000001297

Entity Name
ALTHTRUST MEDICAL, L.L.C.

FILED

May 01 2000 8:00 am
Secretary of State

Principal Place of Business
3595 SHERIDAN STREET, SUITE 208
HOLLYWOOD FL 33021

Mailing Address
3595 SHERIDAN STREET, SUITE 208
HOLLYWOOD FL 33021-3657



DO NOT WRITE IN THIS SPACE

Principal Place of Business
3225 Aviation Ave.
Suite, Apt. #, etc.
700
City & State
COCONUT GROVE, FL
Zip
33133
Country
USA

3. Mailing Address
Suite, Apt. #, etc.
SAME
City & State
Zip
Country

4. FEI Number 65-0712583
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARCUS, STEWART
3595 SHERIDAN STREET, SUITE 208
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
3225 Aviation Avenue Ste. 700
City COCONUT GROVE FL Zip Code 33133

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RAFOFSKY, HARVEY 3595 SHERIDAN STREET, SUITE 208 HOLLYWOOD FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MARCUS, JANE 3595 SHERIDAN STREET, SUITE 208 HOLLYWOOD FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MARCUS, STEWART 3595 SHERIDAN STREET, SUITE 208 HOLLYWOOD FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3225 Aviation Ave. Ste. 700 COCONUT GROVE, FL. 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3225 Aviation Ave. Ste. 700 COCONUT GROVE, FL. 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3225 AVIATION AVENUE STE. 700 COCONUT GROVE, FL. 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400003264704-8 -05/24/00--01010--002 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)