

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2000 08:00 AM
Secretary of State

DOCUMENT # L97000000887

1. Entity Name
HEALTHCARE FINANCIAL CONSULTANTS L.C.

Principal Place of Business

24580 SW 152ND AVEEET

HOMESTEAD
33032

FL

Mailing Address

24580 SW 152ND AVEEET

HOMESTEAD
33032

FL

2. Principal Place of Business

29420 SW 199TH AVE

3. Mailing Address

29420 SW 199TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HOMESTEAD

FL

City & State

HOMESTEAD

FL

Zip

33030

Country

Zip

33030

Country

4. FEI Number

59-3464334

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GILL SEAN
24580 SW 152ND AVEEET

HOMESTEAD
33032

FL

7. Name and Address of New Registered Agent

Name
GILL SEAN

Street Address (P.O. Box Number is Not Acceptable)
29420 SW 199TH AVE

City
HOMESTEAD

FL

Zip Code
33030

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 SEAN GILL

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/30/2000

DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☐ Delete
NAME GILL SEAN
STREET ADDRESS 24580 SW 152 AVE
CITY-ST-ZIP HOMESTEAD FL 33032

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME GILL SEAN
STREET ADDRESS 29420 SW 199TH AVE
CITY-ST-ZIP HOMESTEAD FL 33030

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

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

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

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

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

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.