

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000906

1. Entity Name  
FUTURA HEALTH, L.C.

Principal Place of Business

103 OLD SOUTH DRIVE  
CRESTVIEW FL

Mailing Address

103 OLD SOUTH DRIVE  
CRESTVIEW FL

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3458612

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAPUTO, ROBERT S  
103 OLD SOUTH DRIVE  
CRESTVIEW FL

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**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MEM ☐ Delete  
CAPUTO, ROBERT S  
STREET ADDRESS 103 OLD SOUTH DRIVE  
CITY-ST-ZIP CRESTVIEW FL

TITLE NAME MEM ☐ Delete  
CAPUTO, RYAN T  
STREET ADDRESS 103 OLD SOUTH DRIVE  
CITY-ST-ZIP CRESTVIEW FL

TITLE NAME MEM ☐ Delete  
CAPUTO, LANA G  
STREET ADDRESS 103 OLD SOUTH DRIVE  
CITY-ST-ZIP CRESTVIEW FL

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 800003746068--2  
CITY-ST-ZIP -02/21/01--01105--003

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS \*\*\*\*\*50.00 \*\*\*\*\*50.00  
CITY-ST-ZIP

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

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

TITLE NAME ☐ Change ☐ Addition  
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.

SIGNATURE:

Robert S Caputo

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

Date

Daytime Phone #

FILED

01 FEB 19 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)

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