

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000938

1. Entity Name
VISITORS' HEALTH CENTER, L.C.

Principal Place of Business
5450 LYONS RD
APARTMENT 101
COCONUT CREEK FL 33073-2823

Mailing Address
5450 LYONS RD
APARTMENT 101
COCONUT CREEK FL 33073-2823

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

65-0779065

Applied For

Not Applicable

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

RODRIGUEZ, MIGDALIA M
5450 LYONS RD
APARTMENT 101
COCONUT CREEK FL 33073-2823

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

10. ADDITIONS/CHANGES

TITLE NAME MGRM ☐ Delete
STREET ADDRESS RODRIGUEZ, DAISY A M.D.
CITY-ST-ZIP 5450 LYONS RD APT. 101
COCONUT CREEK FL 33073-2823

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 100003250961-3
CITY-ST-ZIP -05/12/00--01097--013
*****55.00 *****55.00

TITLE NAME MGRM ☐ Delete
STREET ADDRESS RODRIGUEZ, ANTONIO R
CITY-ST-ZIP 5450 LYONS RD APT. 101
COCONUT CREEK FL 33073-2823

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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TITLE NAME ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

April 24, 2000 (954)421-0236

Date

Daytime Phone #

APPROVED
AND
FILED

00 APR 28 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MIN

CR2E083 (9/99)