

2001 UNIFORM BUSINESS REPORT (UBR)

0007994 AF

DOCUMENT # L97000000938

1. Entity Name

VISITORS' HEALTH CENTER, L.C.

FILED

01 FEB 26 AM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

4. FEI Number

65-0779065

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: ANTONIO R. RODRIGUEZ
Street Address (R.O. Box Number is Not Applicable)
5450 LYONS ROAD, APT. #101
City: COCONUT CREEK FL Zip Code: 33073-2823

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: ANTONIO R. RODRIGUEZ

Antonio Rodriguez

February 9, 2001

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 + \$5.00 = \$55.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

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

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

TITLE: ☐ Delete
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CITY-ST-ZIP: ☐ Delete

10. ADDITIONS/CHANGES

TITLE: MGRM
NAME: JOSEPH A. RODRIGUEZ, M.D.
STREET ADDRESS: 5980 SW 15 TH STREET
CITY-ST-ZIP: PLANTATION, FL 33317 ☐ Change ☒ Addition

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

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

Daisy Rodriguez

February 9, 2001 (954) 421-0236

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

Date

Daytime Phone #

CR2E083 (11/00)