

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000000057**

1. Entity Name  
**PRIMARY CARE SPECIALISTS OF THE PALM BEACHES, L.**

Principal Place of Business  
**5700 LAKE WORTH ROAD, SUITE 204  
LAKE WORTH FL 33463**

Mailing Address  
**5700 LAKE WORTH ROAD, SUITE 204  
LAKE WORTH FL 33463-3270**

**FILED** 2/23/21  
**00 MAR -8 PM 12:57**  
**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1590 S Congress Ave**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**West Palm Beach Fla**  
Zip  
**33406** Country  
**USA**

City & State  
City  
Country

4. FEI Number **65-0837261** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

**SCHEPPE, MITCHELL D  
PHILLIPS POINT, WEST TOWER  
777 SOUTH FLAGLER DRIVE, SUITE 1102  
WEST PALM BEACH FL 33401**

## 7. Name and Address of New Registered Agent

Name **Brent Klein**  
Street Address (P.O. Box Number is Not Acceptable)  
**801 Brickell Avenue**  
**Suite 1901**  
City **Miami** FL **33131**

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 **Brent D. Klein** 3/6/00  
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 STREET ADDRESS CITY - ST - ZIP	MGR TOME, ROBERT E M.D. 5700 LAKE WORTH ROAD, SUITE 204 LAKE WORTH FL 33463 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR AGUIRRE, GERALDO R M.D. 5700 LAKE WORTH ROAD, SUITE 204 LAKE WORTH FL 33463 <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 type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	manager Aguires, Geraldo <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1590 S Congress Ave West Palm Beach, Fla 33406
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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**60000318716** ☐ Change ☒ Addition  
**-03/29/00--01005--009**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

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

**2/8/00** **561-966-1010**  
Date Daytime Phone #

CR2E083 (9/99)