

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0027210

DOCUMENT # L98000000657

1. Entity Name:

PRIMARY CARE SPECIALISTS OF THE PALM BEACHES, L.
C.



03 JAN 30 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1590 CONGRESS AVE.
WEST PALM BEACH FL 33406

Mailing Address

1590 CONGRESS AVE.
WEST PALM BEACH FL 33406

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

KLEIN, BRENT D
801 BRICKELL AVE., SUITE 1901
MIAMI FL 33131

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
AQUIRRE, GERALDO
15905 S. CONGRESS AVE.
WEST PALM BEACH FL 33406 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700011397507
01/30/03--01048--012 **163.71 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
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STREET ADDRESS
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:

[Signature] **REQUIRED**

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

Date

Daytime Phone #

1/23/03 561-9666-1000

CR2E083 (10/02)