

2000 UNIFORM BUSINESS REPORT (UBR)

0008023 AF

DOCUMENT # L98000000953

1. Entity Name
IRA OF HAINES CITY, L.L.C.

APPROVED
AND
FILED

00 MAR 29 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mp 4/7



Principal Place of Business

600 CLEVELAND STREET, SUITE 910
CLEARWATER FL 33755

Mailing Address

600 CLEVELAND STREET, SUITE 910
CLEARWATER FL 33755-4160

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

59-3517516

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DEES, JANET R
600 CLEVELAND STREET, SUITE 910
CLEARWATER FL 33755

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 MGR
NAME INDEPENDENT RENAL ASSOCIATES, INC.
STREET ADDRESS 600 CLEVELAND STREET, SUITE 910
CITY-ST-ZIP CLEARWATER FL 33755

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

500003212915--2
-04/18/00--01080--009
*****50.00 *****50.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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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 OR MANAGER

Janet R. Dees

Date

Daytime Phone #

3/20/00 727 443-4770

CR2E083 (9/99)