

2001 UNIFORM BUSINESS REPORT (UBR)

00000390 AF

DOCUMENT # L98000001435

1. Entity Name

1620 HEALTH PARTNERS L.C.

FILED

01 MAR 28 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

C/O 1500 MIAMI CENTER
201 SOUTH BISCAYNE BLVD.
MIAMI FL 33131

C/O 1500 MIAMI CENTER
201 SOUTH BISCAYNE BLVD.
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0865141

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

7. Name and Address of New Registered Agent

FRIEDBAUER, ROGER
C/O 1500 MIAMI CENTER
201 SOUTH BISCAYNE BLVD.
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.

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

100003993081--2
-04/12/01--01007--012
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☒ Delete
MGRM
FRIEDBAUER, ROGER
STREET ADDRESS
1500 MIAMI CENTER, 201 S. BISCAYNE BLVD.
CITY-ST-ZIP
MIAMI FL 33131

TITLE NAME ☒ Change ☐ Addition
MGRM
Ocoee Health Care Center, Inc.
STREET ADDRESS
1500 Miami Center, 201 S. Biscayne Blvd.
CITY-ST-ZIP
Miami, FL 33131

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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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.

Ocoee Health Care Center, Inc., Managing Member

SIGNATURE:

By:

Signature of Roger Friedbauer

3/8/01

(305) 379-9104

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

Date

Daytime Phone #

CR2E083 (11/00)