

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90124 046 ****50.00

DOCUMENT # L98000001435

1. Entity Name

1620 HEALTH PARTNERS L.C.

Principal Place of Business

Mailing Address

~~610 1500 MIAMI CENTER~~
~~201 SOUTH DISCAYNE BLVD.~~
~~MIAMI FL 33131~~

~~610 1500 MIAMI CENTER~~
~~201 SOUTH DISCAYNE BLVD.~~
~~MIAMI FL 33131~~

2. Principal Place of Business

3. Mailing Address

610 200 S Biscayne Blvd

610 200 S Biscayne Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2000

Suite 2000

City & State

City & State

Miami FL

Miami FL

Zip

Country

Zip

Country

33131

USA

33131

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~FRIEDBAUER, ROGER~~
~~610 1500 MIAMI CENTER~~
~~201 SOUTH DISCAYNE BLVD.~~
~~MIAMI FL 33131~~

Name *Roger Friedbauer*

Street Address (P.O. Box Number is Not Acceptable)

200 S Biscayne Blvd

Suite 2000

City

Miami

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/12/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM**
NAME **OCOE HEALTH CARE CENTER, INC.**
STREET ADDRESS ~~1500 MIAMI CENTER, 201 S. DISCAYNE BLVD.~~
CITY-ST-ZIP ~~MIAMI FL 33131~~

TITLE ☒ Change ☐ Addition
NAME *200 S Biscayne Blvd, Suite 2000*
STREET ADDRESS *Miami FL 33131*
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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.

Ocoe Health Care Center Inc

SIGNATURE:

Roger Friedbauer, Pres

3/12/02 786-777-8031

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

Date Daytime Phone #

CR2E083 (9/01)