2001 UNIFORM BUSINESS REPORT (UBR

200	I UNIFURM BUS	INE99 KEDO	KI ((UBK)			,		
DOCU 1. Entity Nam	MENT # L9800	0001619							
JORGE L CASTRIZ, M.D., L.L.C.					FILED				
						OI MAR 26 PF	i 5: 00		
Principal Place of Business Mailing Address					SECRETARY OF STATE				
SUITE 103, 3370 BURNS ROAD SUITE 103, 3370 BURNS RO PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL					TALLAHASSEF, FI ORIDA				
THE SERVE							20111 00 181 11 010 0 11	. 18 14 16 18 18 18 18 18 18 18 18 18 18 18 18 18	
2. Principal F	Place of Business	3. Mailing Address			-				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			. DO NOT WRITE IN THIS SPACE				
					, , , , , , , , , , , , , , , , , , , ,				
City & State		City & State		4. FEI Nu	65-0860422	<u> </u>	Applied For Not Applicable	<u>-</u>	
Zip Country		Zip Cour		у	5. Certificate of Status Desired See Require			7	
	6. Name and Address of Current	Registered Agent		Ness	7. Name	and Address of New Register			_
CASTRIZ	JORGE L M.D.	i i i i i i i i i i i i i i i i i i i		Name				*	_
SUITE 103, 3370 BURNS ROAD				Street Address	(P.O. Box Nu	mber is Not Acceptable)			
PALM BE	ACH GARDENS FL 33410		_	0.1					
				City			FL Zip Co		4
8. The above	named entity submits this statement for	the purpose of changing its	registered	I office or registe	red agent, or	both, in the State of Florida.			
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered A	Agent signature require	d when reinstating) . , DA	TE	 	
	· · · · · · · · · · · · · · · · · · ·			EE IS \$50.00					7
٠		Make Check Pay			of State				
9.	MANAGING MEMBE	RS/MEMBERS	10.		1.	ADDITIONS/CHANG			+
TITLE	MGR	☐ Delete	TITLE NAME				☐ Change	Addition	76
NAME STREET ADDRESS	CASTRIZ, JORGE L M.D. SUITE 103, 3370 BURNS ROAD		STREET	ADDRESS	:				00 (1
CITY+ST-ZIP TITLE	PALM BEACH GARDENS FL 334	10 Delete	CITY-ST	T-ZIP			_a Change	□ Addition	250
NAME		Delete	NAME		1	.00003961 .04/05/01—	01033-0	003	1
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	ADDRESS T-ZIP		*****50.00] *******	50.00	
TITLE			TITLE				Change	Addition	-
STREET ADDRESS			NAME STREET	ADDRESS		•			
CITY-ST-ZIP TITLE		☐ Delete	CITY-S'	T-ZiP			☐ Change	☐ Addition	-
NAME		La Delete	NAME				□ cuange	Addition	
STREET ADDRESS CITY-ST-ZIP		ŕ	STREET CITY-ST	ADDRESS Y-ZIP					
TITLE		☐ Delete	TITLE				Change	Addition	1
NAME STREET ADDRESS	•		NAME STREET	ADDRESS					
TITLE .		☐ Delete	CITY-ST	T-ZIP			Change	☐ Addition	-
NAME		Li Delete	NAME				C Change	L] Addition	
STREET ADDRESS CITY-ST-ZIP			STREET .	ADDRESS T-ZIP	•				
11. I hereby c	ertify that the information supplied with on this report is true and accurate and	this filing does not qualify for hat my signature shall have the	the exemp	ption stated in Se	ection 119.07	(3)(i), Florida Statutes. I further	certify that the	information	1
limited lial	bility company or the receiver or trustee	empowered to execute this re	eport as re	equired by Chap	ter 608, Florid	da Statutes.	660		
SIGNAT	URF. X SOLUNG					3/21/01	627-0	6600	,
JIGHAI	SIGNATURE AND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MANA	GER, OR AU	ITHORIZED REPRESE	ENTATIVE	Date	Daytime Phone #		