

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001807

1. Entity Name

BELLE GLADE FAMILY MEDICAL CLINIC L.C.

FILED

00 JAN 18 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

371 SOUTH MAIN ST.  
BELLE GLADE FL 33430

Mailing Address

371 SOUTH MAIN ST.  
BELLE GLADE FL 33430-3427

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0851615

Applied For

Not Applied

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

Name

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

City

FL

Zip Code

SPRINKLE, PHILIP M II  
777 SOUTH FLAGLER DR., SUITE 900  
PHILLIPS POINT, EAST TOWER  
WEST PALM BEACH FL 33401

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

10. ADDITIONS / CHANGES

TITLE MGR  
NAME RENGIFO, FRANCISCO  
STREET ADDRESS 17676 64TH PLACE N  
CITY- ST- ZIP LOXAHATCHEE FL 33470

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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:

FRANCISCO RENGIFO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

01-13-00 (561) 992-911