

# 2001 UNIFORM BUSINESS REPORT (UBR)

0016533 AF

DOCUMENT # L98000001807

1. Entity Name  
BELLE GLADE FAMILY MEDICAL CLINIC L.C.

FILED

01 FEB -1 PM 5:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
371 SOUTH MAIN ST.  
BELLE GLADE FL 33430

Mailing Address  
371 SOUTH MAIN ST.  
BELLE GLADE FL 33430

2. Principal Place of Business  
371 SOUTH MAIN ST.

3. Mailing Address  
371 SOUTH MAIN ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
BELLE GLADE FLORIDA

City & State  
BELLE GLADE FLORIDA

4. FEI Number 65-0851615

Applied For  
Not Applicable

Zip  
33430

Country  
USA

Zip  
33430

Country  
USA

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

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

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 \_\_\_\_\_ (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 NAME MGR  
STREET ADDRESS RENGIFO, FRANCISCO  
CITY-ST-ZIP 17676 64TH PLACE N LOXAHATCHEE FL 33470 ☐ Delete

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 700003657317--1  
CITY-ST-ZIP -02/08/01--01029--014  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
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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.

SIGNATURE:

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

01-30-01 (561) 992-9111

Date

Daytime Phone #

CR2E083 (11/00)