

2000 UNIFORM BUSINESS REPORT (UBR)

0017694 SP

APPROVED
AND
FILED

00 APR 13 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MAN

DOCUMENT # L98000002015

1. Entity Name
SOUTH FLORIDA EAR CARE CENTER, L.C.

Principal Place of Business
50 EAST SAMPLE POAR
SUITE 300
POMPANO BEACH FL 33064

Mailing Address
50 EAST SAMPLE POAR
SUITE 300
POMPANO BEACH FL 33064

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 65-0862883
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
PINCUS, A.L.
20379 W. COUNTRY CLUB DR. #2336
AVENTURA FL 33180

7. Name and Address of New Registered Agent
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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR SCHRIEBER, ALAN 12500 N.E. 15TH AVENUE NORTH MIAMI FL 33161	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR ROBINSON, JAMES 5920 EPSON LANE DAVIE FL 33331	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR KELLY, JAMES 4880 SW 64TH WAY DAVIE FL 33314	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: James Robinson SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
4/12/2000 305-655-3807
Date Daytime Phone #

CR2E083 (9/99)