

2001 UNIFORM BUSINESS REPORT (UBR)

0022303 SP

DOCUMENT # L98000002015

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

FILED

01 JAN 26 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0862883

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PINCUS, A.L.
20379 W. COUNTRY CLUB DR. #2336
AVENTURA FL 33180

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

10. ADDITIONS/CHANGES

TITLE NAME MGR SCHRIEBER, ALAN ☐ Delete
STREET ADDRESS 12500 N.E. 15TH AVENUE
CITY-ST-ZIP NORTH MIAMI FL 33161

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

TITLE NAME MGR ROBINSON, JAMES ☒ Delete
STREET ADDRESS 5920 EPSON LANE
CITY-ST-ZIP DAVIE FL 33331

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 900003601479--4
CITY-ST-ZIP -01/30/01--01065--009

TITLE NAME MGR KELLY, JAMES ☒ Delete
STREET ADDRESS 4880 SW 64TH WAY
CITY-ST-ZIP DAVIE FL 33314

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****50.00
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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: *James Robinson* REQUIRED

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

1/22/2001 305 655-3807

Date

Daytime Phone #

CR2E083 (11/00)