

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000000 3480**

1. Entity Name

MCH Pediatrics, LLC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 24 PM 2:55

Principal Place of Business Mailing Address

3309 Ponce de Leon Blvd.
Coral Gables, FL 33134

2. Principal Place of Business

3. Mailing Address

same
Suite, Apt. #, etc.

same
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0918339

Applied For

Not Applicable

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

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301-2525

Name

Nathan Anspach

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

3309 Ponce de Leon Blvd.

City

Coral Gables

FL

Zip Code

33134

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

Nathan Anspach, Manager

8-22-00

Signature of individual or 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	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
Manager	Nathan Anspach	3309 Ponce de Leon Blvd.	Coral Gables, FL 33134	☐
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete

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

Nathan Anspach, Manager

8-22-00

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

Date

Daytime Phone #