

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -3 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000049

1. Entity Name
FLORIDA PHYSICIANS HEALTH CARE GROUP, L.C.

Principal Place of Business
18350 N.W. 2ND AVENUE, SUITE 400
MIAMI FL 33169

Mailing Address
18350 N.W. 2ND AVENUE, SUITE 400
MIAMI FL 331694519



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
111 S.W. 5TH AVENUE

3. Mailing Address
6540 N.W. 40TH COURT

Suite, Apt. #, etc.
2ND FLOOR

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
BOCA RATON, FL

4. FEI Number
65-0884867

Applied For
Not Applicable

Zip
33130

Country
U.S.A.

Zip
33496

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

O'NAGHTEN, JUAN T
SUITE 200, GRAND BAY PLAZA
2665 SOUTH BAYSHORE DRIVE
MIAMI FL 33133

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
GARCIA, RUBEN
18350 N.W. 2ND AVNEUE, SUITE 400
MIAMI FL 33169 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
NADEL, JEFF
18350 N.W. 2ND AVNEUE, SUITE 400
MIAMI FL 33169 ☐ 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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MANAGING MEMBER
GARCIA, RUBEN ☒ Change ☒ Addition
2655 S. BAYSHORE DRIVE, STE #215
COCONUT GROVE, FL 33133

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MANAGING MEMBER
NADEL, JEFF ☒ Change ☒ Addition
6540 N.W. 40TH COURT
BOCA RATON, FL 33496

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
800003269648- ☐ Change ☐ Addition
-05/30/00--01013--001
*****50.00 *****50.00

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

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.

JEFF NADEL, MANAGING MEMBER

SIGNATURE: *Jeff Nadel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/30/2000
Date

Daytime Phone #

CR2E083 (9/99)