

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 27 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000336

1. Entity Name
SOUTHWEST MEDICAL LEASING, L.L.C.

Principal Place of Business
3701 SOUTH CONGRESS AVENUE
LAKE WORTH FL 33461

Mailing Address
3701 SOUTH CONGRESS AVENUE
LAKE WORTH FL 33461-3753



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

mom

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0886017

Applied For

Not Applicable

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

BARNETT, CHARLES D
500 AUSTRALIAN AVENUE, SUITE 800
WEST PALM BEACH FL 33401

address
change only

Name

Barnett, Charles D.

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

8412 Native Dancer Rd.

City

Palm Beach Gardens

FL

Zip Code

33418

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

300003249543--1
-05/12/00--01010--003
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

MGRM
MUSA, MARK
2575 OCEAN BLVD., #1035
HIGHLAND BEACH FL

☐ Delete

TITLE
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CITY- ST- ZIP

☐ Change ☐ Addition

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☐ 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:

SIGNATURE REQUIRED

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

4-18-00

Date

561-965-9110

Daytime Phone #

CR2E083 (9/99)