

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUL 25 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000000570**

1. Entity Name
840 E. OSCEOLA STREET, L.L.C.

Principal Place of Business 840 E. OSCEOLA STREET STUART FL 34994	Mailing Address 840 E. OSCEOLA STREET STUART FL 34994
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0890967

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

~~COEL, MARK A ESQ~~
~~4000 HOLLYWOOD BLVD.~~
~~SUITE 350 NORTH~~
~~HOLLYWOOD FL 33021~~

Name **DAVID Mac Millan MD**

Street Address (P.O. Box Number is Not Acceptable)
840 E. Osceola St

City **Stuart**

FL

Zip Code **34994**

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 / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACMILLAN, DAVID M M.D. 840 E. OSCEOLA STREET STUART FL 34994 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAUL, MICHAEL D M.D. 840 E. OSCEOLA STREET STUART FL 34994 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400003342614--5 08/01/00-01025-006 *****50.00 <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
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:

David Mac Millan
SIGNATURE REQUIRED

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

7/19/00
Date

561-283-7072
Daytime Phone #

CR2E083 (5/00)