2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000572

1. Entity Name

APPLE CALVERT MD GROUP, LLC

Principal Place of Business	Mailing Address
2710 OAKBROOK LANE	2710 OAKBROOK LANE
WESTON FL 33322	WESTON FL 33332-3407

2. Principal Place of Business 490 Sawgrass Corp. Pkwy

Suite, Apt. #, etc. S#330

City & State Sunrise Fl

Zip 33325   Country USA

3. Mailing Address 490 Sawgrass Corp. Pkwy.

Suite, Apt. #, etc. S#330

City & State Sunrise, Fl

Zip 33325   Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0891818

Applied For ☐   Not Applicable ☐

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

6. Name and Address of Current Registered Agent

KIRSCHNER, JASON
2710 OAKBROOK LANE
WESTON FL 33322

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		10. ADDITIONS / CHANGES		
TITLE MGR **NAME** KIRSCHNER, JASON **STREET ADDRESS** 2710 OAKBROOK LANE **CITY-ST-ZIP** WESTON FL 33322	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change	☐ Addition
TITLE MGR **NAME** RASKIN, STEPHEN **STREET ADDRESS** 2710 OAKBROOK LANE **CITY-ST-ZIP** WESTON FL 33322	☒ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change	☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change	☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change	☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change	☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change	☐ Addition

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CR2E083 (9/99)

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   Date   Daytime Phone #