

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -2 AM 11:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000655

1. Entity Name

APPLE WASHINGTON MD GROUP, LLC

Principal Place of Business

2710 OAKBROOK LANE  
WESTON FL 33332

Mailing Address

2710 OAKBROOK LANE  
WESTON FL 33332-3407

2. Principal Place of Business

490 Sawgrass Corp. Pkwy.

Suite, Apt. #, etc.

S #330

3. Mailing Address

490 Sawgrass Corp. Pkwy.

Suite, Apt. #, etc.

S #330

City & State

Sunrise FL

City & State

Sunrise FL

Zip

33325

Country

USA

Zip

33325

Country

USA

4. FEI Number

65-0896382

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 33332

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 MGR KIRSCHNER, JASON  
STREET ADDRESS 2710 OAKBROOK LANE  
CITY- ST- ZIP WESTON FL 33332 ☐ Delete

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 500003259965-1  
CITY- ST- ZIP -05/19/00-01106-011  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (\$995)