

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN 23 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UNITED
AF

DOCUMENT # L99000000820

1. Entity Name
FLORIDA HEALTH CARE MANAGEMENT, LLC

Principal Place of Business
1815 GRIFFIN ROAD, SUITE 203
DANIA FL 33004

Mailing Address
1815 GRIFFIN ROAD, SUITE 203
DANIA FL 33004-2252



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

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

WHITE, JOHN II
1645 PALM BEACH LAKES BOULEVARD, STE 1200
WEST PALM BEACH FL 33401

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 ☐ Delete
NAME FLORIDA HEALTH CARE MANAGEMENT CORP.
STREET ADDRESS 1815 GRIFFIN ROAD, SUITE 203
CITY-ST-ZIP DANIA FL 33004

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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 REQUIRED

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

Date

Daytime Phone #

CR2E083 (9/99)