

2000 UNIFORM BUSINESS REPORT (UBR)

0004234 AF

DOCUMENT # L99000002012

1. Entity Name
VALPLA, L.L.C.

FILED

00 MAR 24 PM 2: 23

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
C/O WESTCHESTER PHYSICIANS CENTER, INC.
8741 CORAL WAY
MIAMI FL 33165

Mailing Address
C/O WESTCHESTER PHYSICIANS CENTER, INC.
8741 CORAL WAY
MIAMI FL 33165-2005

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0914462

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

FELUREN, MARK S
ONE FINANCIAL PLAZA, SUITE 1500
FORT LAUDERDALE FL 33394

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
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
WESTCHESTER PHYSICIANS CENTER, INC.
8741 CORAL WAY
MIAMI FL 33165

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

700003198377--1
-04/06/00--01065--007
***\$50.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
JUAN A. VALLADARES, M.D., P.A.
3400 S.W. 107 AVENUE
MIAMI FL 33165

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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

3-17-2000

Date

305 226-7800

Daytime Phone #

CR2E083 (9/99)