

2020 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002528

1. Entity Name
HEALTH SCIENCES INSTITUTE, P.L.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 14 PM 2:24

Principal Place of Business

6100 WEST GLADES ROAD, SUITE 302
BOCA RATON FL 33434

Mailing Address

6100 WEST GLADES ROAD, SUITE 302
BOCA RATON FL 33434-4372

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0916082

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MARSELLA, GREGORY M.D.
6100 WEST GLADES ROAD, SUITE 302
BOCA RATON FL 33434

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

BLT

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM YACONA, ANTHONY M.D. 6100 WEST GLADES ROAD, SUITE 302 BOCA RATON FL 33434	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TUCKER, KEN L.M.H.C 6100 WEST GLADES ROAD, SUITE 302 BOCA RATON FL 33434	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARSELLA, GREGORY M.D. 6100 WEST GLADES ROAD, SUITE 302 BOCA RATON FL 33434	<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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Suite 205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Suite 205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Suite 205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	400003298954--9 -06/21/00--01048--016 *****50.00 *****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

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 #