

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 MAY -1 PM 5:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0016061
AF

DOCUMENT # L99000002528

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

Principal Place of Business
6100 WEST GLADES ROAD, SUITE 205
BOCA RATON FL 33434-4372

Mailing Address
6100 WEST GLADES ROAD, SUITE 205
BOCA RATON FL 33434-372



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country 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

7. Name and Address of New Registered Agent

MARSELLA, GREGORY M.D.
6100 WEST GLADES ROAD, SUITE 205
BOCA RATON FL 33434

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

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-05/21/01--01147--008
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGRM
NAME YACONA, ANTHONY M.D.
STREET ADDRESS 6100 WEST GLADES ROAD, SUITE 205
CITY-ST-ZIP BOCA RATON FL 33434 ☐ Delete

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

TITLE MGRM
NAME TUCKER, KEN L.M.H.C
STREET ADDRESS 6100 WEST GLADES ROAD, SUITE 205
CITY-ST-ZIP BOCA RATON FL 33434 ☐ Delete

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

TITLE MGRM
NAME MARSELLA, GREGORY M.D.
STREET ADDRESS 6100 WEST GLADES ROAD, SUITE 205
CITY-ST-ZIP BOCA RATON FL 33434 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/5/01

561-482-8733

CR2E083 (11/00)