

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003006

1. Entity Name

Healthplex Real Estate, LLC

Principal Place of Business

1201 North Olive Avenue
West Palm Beach, FL
33401

Mailing Address

1201 North Olive Avenue
West Palm Beach, FL 33401

2. Principal Place of Business

1201 North Olive Ave.

3. Mailing Address

1201 North Olive Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL 33401

City & State

West Palm Beach, FL

4. FEI Number

65-0960058

Applied For

Not Applicable

Zip

Country

Zip

Country

33401

USA

33401

USA

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

Gary N. Gerson, Esq.
Nason Yeager, Gerson, White & Lioce, P.A.
1645 Palm Beach Lakes Blvd., Suite 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 MGRM
NAME Shasha, Itzhak I. ☐ Delete
STREET ADDRESS 1201 North Olive Avenue
CITY-ST-ZIP West Palm Beach, FL 33401

TITLE
NAME 4000044387048
STREET ADDRESS -06/22/01--01024--001
CITY-ST-ZIP *****121.25 *****60.00

TITLE MGRM
NAME Liebman, Paul R. ☐ Delete
STREET ADDRESS 2511 North Flagler Drive
CITY-ST-ZIP West Palm Beach, FL 33407

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

6/ /01 561-627-2710

Date

Daytime Phone #

FILED

01 JUN 22 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E083 (1/1/00)