

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90343 001 ****50.00

DOCUMENT # L99000004612

1. Entity Name

BEVERLY A. HEINKING, D.O., P.L.C.



Principal Place of Business

**1522 S. OHIO AVENUE
LIVE OAK FL 32060**

Mailing Address

**1522 S. OHIO AVENUE
LIVE OAK FL 32060**

2. Principal Place of Business

300 PINEWOOD DR SW

3. Mailing Address

300 PINEWOOD DR SW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LIVE OAK, FL

City & State

LIVE OAK, FL

4. FEI Number **59-3565130**

Applied For

Not Applicable

Zip

32064

Country

USA

Zip

32064

Country

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

**HEINKING, BEVERLY A
1522 S. OHIO AVENUE
LIVE OAK FL 32060**

Name

BEVERLY A HEINKING

Street Address (P.O. Box Number is Not Acceptable)

300 PINEWOOD DR SW

City

LIVE OAK

FL

Zip Code

32064

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

BEVERLY HEINKING, D.O.

(NOTE: Registered Agent signature required when reinstating)

1-9-03

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **HEINKING, BEVERLY A**
STREET ADDRESS **ROUTE 1, BOX 416-7**
CITY-ST-ZIP **LAKE CITY FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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:

BEVERLY HEINKING, D.O.

Date

1-9-03 386-362-1014

Daytime Phone #

CR2E083 (10/02)