

# 2001 UNIFORM BUSINESS REPORT (UBR)

0007888 AF

DOCUMENT # L99000005009

1. Entity Name

MAMAD HEALTHCARE, LLC

FILED

01 MAR 12 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1424 SOUTH POWERLINE ROAD  
POMPAÑO BEACH FL 33069

Mailing Address

1424 SOUTH POWERLINE ROAD  
POMPAÑO BEACH FL 33069

2. Principal Place of Business

3. Mailing Address

1414 SOUTH POWERLINE RD  
Suite, Apt. #, etc.

1414 S. POWERLINE RD  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

POMPAÑO BEACH, FL

City & State

POMPAÑO BEACH

4. FEI Number

65-0940356

Applied For

Not Applicable

Zip

33069

Country

USA

Zip

33069

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

RAKOFF, CAROL  
1424 SOUTH POWERLINE ROAD  
POMPAÑO BEACH FL 33069

Name

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

1414 S. POWERLINE RD

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 MGR ☐ Delete  
NAME RAKOFF, CAROL  
STREET ADDRESS 1424 SOUTH POWERLINE ROAD  
CITY-ST-ZIP POMPAÑO BEACH FL 33069

TITLE ☒ Change ☐ Addition  
NAME 1414 S. POWERLINE RD  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
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: CAROL RAKOFF  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-1-01 954 973-7070  
Date Daytime Phone #

CR2E083 (11/00)