

2000 UNIFORM BUSINESS REPORT (UBR)

0009178 AF

DOCUMENT # L99000005628

1. Entity Name
HEALTHCARE AMERICA GROUP, LLC

APPROVED
AND
FILED

00 MAY 18 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3501 CORTEZ ROAD WEST
BRADENTON FL 34210-2408

Mailing Address
3501 CORTEZ ROAD WEST
BRADENTON FL 34210-3104



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3501 CORTEZ RD. W.
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
BRADENTON FL 34210

City & State

4. FEI Number
65-0527738

Applied For
Not Applicable

Zip
34210

Country
USA

Zip Country

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

MUCASEY, JOHN M.D.
3501 CORTEZ ROAD WEST
BRADENTON FL 34210-2408

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 _____ (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 President
NAME MUCASEY, JOHN M.D.
STREET ADDRESS 3501 CORTEZ ROAD WEST
CITY-ST-ZIP BRADENTON FL 34210-2408

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500003285305-003
-06/12/00-01113-009
*****50.00 *****50.00

TITLE CHAIRMAN
NAME CRAIG HOFFMAN M.D.
STREET ADDRESS 3501 CORTEZ RD W.
CITY-ST-ZIP Bradenton FL 34210

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TREASURER
NAME MARTIN AMUNDSON, M.D.
STREET ADDRESS 3501 CORTEZ RD. W.
CITY-ST-ZIP BRADENTON FL 34210

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SECRETARY
NAME WERTHER MARCIALES, M.D.
STREET ADDRESS 3501 CORTEZ RD. W.
CITY-ST-ZIP BRADENTON FL 34210

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME JEFF NELSON M.D.
STREET ADDRESS 3501 CORTEZ RD. W.
CITY-ST-ZIP BRADENTON FL 34210

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/22/00 (941) 752-2700

Date Daytime Phone #

CR2E083 (9/99)