

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # L99000005628

1. Entity Name

HEALTHCARE AMERICA GROUP, LLC

01 JUL 10 PM 4:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3501 CORTEZ ROAD WEST  
BRADENTON FL 34210-2408

3501 CORTEZ ROAD WEST  
BRADENTON FL 34210-2408

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0527738

Applied For

Not Applicable

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

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  
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME HOFFMAN, CRAIG  
STREET ADDRESS 3501 CORTEZ ROAD WEST  
CITY-ST-ZIP BRADENTON FL 34210-2408 ☐ Delete

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

TITLE MGR  
NAME MUCASEY, JOHN M.D.  
STREET ADDRESS 3501 CORTEZ RD. WEST  
CITY-ST-ZIP BRADENTON FL 34210-2408 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
700004480837--9  
-07/17/01--01063--005  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE MGR  
NAME AMUNDSON, MARTIN  
STREET ADDRESS 3501 CORTEZ ROAD WETS  
CITY-ST-ZIP BRADENTON FL 34210-2408 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

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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 #

CR2E083 (5/01)

STAPLE CHECK HERE