

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000006542**

1. Entity Name

FIRST CARE FAMILY PRACTICE, LLC

Principal Place of Business

**5500 Blanding Blvd., #1
Jacksonville, FL 32244**

Mailing Address

**5500 Blanding Blvd., #1
Jacksonville, FL 32244**

2. Principal Place of Business

3599 University Boulevard South

3. Mailing Address

3599 University Boulevard South

Suite, Apt. #, etc.

Suite 1202

Suite, Apt. #, etc.

Suite 1202

City & State

Jacksonville

City & State

Jacksonville

4. FEI Number

59-3602360

Applied For

Not Applicable

Zip

32216

Country

Zip

32216

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**James S. Waldron
1840 River Road
Jacksonville, FL 32207**

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Member
Kristi C. Aston, M.D.
5500 Blanding Boulevard, Suite 1
Jacksonville, FL 32244** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Member
Clifford C. Arn, M.D.
5500 Blanding Boulevard, Suite 1
Jacksonville, FL 32244** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Member
Anne H. Waldron, M.D.
3599 University Boulevard, Suite 1202
Jacksonville, FL 32244** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Manager
James S. Waldron
3599 University Boulevard, Suite 1202
Jacksonville, FL 32244** ☒ Change ☐ Addition

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

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

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☐ Change ☐ Addition

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

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 MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-15-2001 904 376-9911

CR2083 (11/00)