

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006542

1. Entity Name

FIRST CARE FAMILY PRACTICE, LLC

FILED  
May 08, 2002 8:00 am  
Secretary of State

05-08-2002 90082 030 \*\*\*\*50.00

Principal Place of Business

3599 UNIVERSITY BLVD. SOUTH. SUITE 1202  
JACKSONVILLE FL 32216

Mailing Address

3599 UNIVERSITY BLVD. SOUTH. SUITE 1202  
JACKSONVILLE FL 32216

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3602360

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

WALDRON, JAMES S  
1840 RIVER ROAD  
JACKSONVILLE FL 32207

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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MEM  
WALDRON, ANNE H MD  
3599 UNIVERSITY BLVD. SUITE 1202  
JACKSONVILLE FL 32244 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
WALDRON, JAMES S  
3599 UNIVERSITY BLVD. SUITE 1202  
JACKSONVILLE FL 32244 ☐ Delete

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

TITLE  
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☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-26-02 904-369911

CR2E083 (9/01)