

2001 UNIFORM BUSINESS REPORT (UBR)

0028819 AF

DOCUMENT # L99000007420

1. Entity Name
FLORIDA MEDICAL CLAIMS LC

Principal Place of Business

4703 SELVITZ ROAD
FORT PIERCE FL 34981

Mailing Address

4703 SELVITZ ROAD
FORT PIERCE FL 34981

FILED

2001 APR 23 PM 3:49

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0959560

Applied For

Not Applicable

Zip

Country

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

FRIAS, VINCENT FRANCIS S.
4703 SELVITZ ROAD
FORT PIERCE FL 34981

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
VINCENT FRANCIS FRIAS
4703 SELVITZ ROAD
FORT PIERCE FL 34981 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200004101412-5
-05/01/01--01040--030
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
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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 of Vincent Francis Frias

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

Date

Daytime Phone #

CR2E083 (11/00)