

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90057 001 \*\*\*\*50.00

**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**

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

**65-0959560**

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

**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  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

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 ☐ Change ☐ Addition

TITLE  
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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*

**SIGNATURE REQUIRED**

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

**4-29-02**

Date

**772-489-6064**

Daytime Phone #

CR2E083 (9/01)