

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L99000007744****1. Entity Name**
REAL HEALTH MANAGEMENT, LLC**FILED****00 JAN 12 PM 12:14****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****Principal Place of Business****Mailing Address****11900 BISCAYNE BOULEVARD, SUITE 260
MIAMI FL 33181****11900 BISCAYNE BOULEVARD, SUITE 260
MIAMI FL 33181-2756**

DO NOT WRITE IN THIS SPACE

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

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****SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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
BRINSON, PAUL
11900 BISCAYNE BOULEVARD, SUITE 260
MIAMI FL 33181☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
NEEDLE, SCARLETT
11900 BISCAYNE BOULEVARD, SUITE 260
MIAMI FL 33181☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Delete**TITLE**
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CITY - ST - ZIP☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP
700003103687--7
-01/20/00--01013--010
*******50.00 *****50.00**☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP
MANAGER
HOWARD W. NEEDLE
11900 BISCAYNE BLVD., SUITE 260
MIAMI, FL 33181☐ Change ☒ Addition**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP☐ 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

HOWARD W. NEEDLE**1/6/2000**

Date

(305) 893-7764

Daytime Phone #