

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000008023**

1. Entity Name

ERNESTO J. PEREZ, M.D., LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 25 AM 11:02

Principal Place of Business

**340 W. CENTRAL AVENUE, SUITE 210
WINTER HAVEN FL 33880**

Mailing Address

**340 W. CENTRAL AVENUE, SUITE 210
WINTER HAVEN FL 33880**

2. Principal Place of Business

**134 ALTANA AVE
Suite, Apt. #, etc.**

3. Mailing Address

Same

City & State

**Auburndale Fla
Zip 33823 Country USA**

City & State

Same

4. FEI Number

59-3609841

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

PEREZ, SUSAN

**340 W. CENTRAL AVENUE, SUITE 210
WINTER HAVEN FL 33880**

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

Ernesto J. Perez M.D.

8/9/00

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE **Ernesto J. Perez M.D.** ☐ Delete
NAME **134 Altana Ave**
STREET ADDRESS **Auburndale FL**
CITY-ST-ZIP **President**

TITLE **Susan J. Perez** ☐ Delete
NAME **134 Altana Ave**
STREET ADDRESS **Auburndale FL 33880**
CITY-ST-ZIP **Registered Agent**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE **10000031000001** ☐ Change ☐ Addition
NAME **09/29/00**
STREET ADDRESS **0104**
CITY-ST-ZIP **023**
*******50.00 *****50.00**

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

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

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

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:

Ernesto J. Perez

Date

Daytime Phone #

CR2E083 (5/00)